within 24 hours after death age 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec

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15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11950

1,	PLACE OF DEATH	2. USUAL RESIDENCE (Whare decaased lived, If institution, Residence before edmission)						
	e. COUNTY Wicomico	■. STATE Maryland b. COUNTY Dorchester V						
	<ul> <li>CITY OR TOWN (if outside corporate limits, vycita_RURAL and give neerest town)</li> </ul>	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)						
	Salisbury	Cambri	dge					
	d. NAME OF HOSPITAL OR INSTITUTION (IF not i	d. STREET ADDRESS		. IS RESIDENCE				
14	Deer's Head State Hos	spital	RFD 1		17X-2 YES NO			
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Year			
	(Type or print) William		Abbott	DEATH Octobe	er 3 19 61.			
5.	SEX   6. COLOR OR RACE   7. M	ARRIED NEVER MARRIED X 8.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.			
	Male White win	OWED DIVORCED (	oct. 1884	last birthday) 77 yrs.	Months Days Hours Min.			
10 de	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if relired)	06. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?			
	Vaterman	Fishing	Deal Isl	and, Md.	U.S.A.			
13	. FATHER'S NAME		14, MOTHER'S MAIDEN	NAME				
	Unknown		Unknown					
	. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addrass				
1	as, no, or unkown) (Ifyasgivewarordatasofsarvica)		mobell Robbi	nc Dahhina	Mauriand			
-	18. CAUSE OF DEATH [Enter only one cause		Thorn Indon	ns Robbins,	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: Cerebral thrombosis 2 weeks							
	221 X DUE TO							
	Conditions, if any, which \ (b) Generalized arteriosclerosis 10 years							
	gava rise to immadiate cause							
	(a), staling the underlying DUE TO							
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY							
CATION	Diabetes mellitus							
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of itam 18.) OR CONTRIBUTING   CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]							
A.		2Dd. INJURY OCCURRED   2Da. PLA	CE OF INJURY (Homa, fare	m * 20f. (City or town)	(County) (State)			
MEDICAL	Hour e.m.		ory, streat, office bldg., ato		(23411)			
	21. I certify that (I) (this hospital) a	attended the deceased from	Jan. 17	19.55 to Oct. 3	1961, that (I) (we) last			
	saw the deceased alive op							
	22a. SIGNATURE	The state of the s	death occured di	30 A.M.	and on the date stated above			
	ZIE. SIGNATURE	Tausid	ATTENDING	MED. STAFF DIRECTOR PHYS.	SIGNED			
	22c. PHYSICIAN	accord w	22d. ADDRESS	DIRECTOR   FAILS.	10/3/61			
	NAME (Typa) Lee L. Lawx	y, M. D.	Deer's H	ead State Hospi	ital; Salisbury, Md.			
23	a. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, low	rn or county) (Stata)			
E	Burial (Spacify)	61 Sandy Island	Camatami	Andrews, Md.				
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE			
	eCompte Funeral Service	DATEOC	-					
1_1	compac Limiterar pervice	ognoringe, un.	DAIRVO	10 01 1 6	End & Finance			

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210 16 - 15 A LEAR LOS DUEL - Outropictus (Straterias A STATE OF HACOLINES IN THE REPORT OF THE PARTY OF T A SECOND CONTRACTOR OF THE SECOND CONTRACTOR O . Styles that telephone will be to the state of the state LeCourte Funeral Dervice Canadage, Md. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12005 CERTIFICATE OF DEATH

11991

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decease	d lived, If institution, Reside	nce before admission)			
*. COUNTY Wicomico	MARYLAND	*. STATE Maryland	b. COUNTY Talb	ot /			
b. CITY OR TOWN (if outside cosporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give	nearest town)			
write RURAL and give nearest town) Salisbury	17 doses	Easton	10	34-3			
d. NAME OF HOSPITAL OR INSTITUTION (if not in	Dospital give street address)	d. STREET ADDRESS	20	e. IS RESIDENCE			
Deer's Head State Hosp		202 Port Street		ON A FARM?			
3. NAME OF First	Middle	Last 4. DATE	Month Day	1 1			
(Type or print) Emma	Gibson	Allen OF DEATH	October 7	19 61			
5. SEX   6. COLOR OR RACE   7. MAR	RIED NEVER MARRIED 8		E (In years   IF UNDER 1 YEAR	IF UNDER 24 HRS.			
Female Colored WIDO	WED DIVORCED	Dec. 25, 1898 6.	yrs. Months Days	Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'SNAME  HENRY  15. 105.00	omestic	11. BIRTHPLACE County & State, or toyeld  MARKY AND  14. MOTHER'S MAIDEN NAME  FLOM A  A	n country) 12. QTIZEN	SA,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO.   17. 1	NFORMANT / /	Address A	,			
(Yes, d. or unkown) (Ifyesgivewarordatesofservice)	073-20-1448 K	ofert H. Mitson	- Carton	, md.			
18. CAUSE OF DEATH Enter only one cause pe	or line for (a), (b), and (c).	0,000 11.100.00		ITERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	Recurrent com	ebral hemorrhage	0	NSET AND DEATH			
IMMEDIATE CAUSE (a)	necurient cere	entar Hemorimage		3 min			
33 / X DUE TO							
Conditions, if any, which (b)			-				
(a), stating the underlying DUE TO							
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
206. ACCIDENT WAS UNDERLYING 206. DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Pert I or Pert II of ite	m 18.)				
Hour a.m. Wi		CE OF INJURY (Home, farm, 20f. (City or lo	(County)	(State)			
21. I certify that (I) (this hospital) atterates the deceased alive on. Octobe	en /=	Sept. 20 1961 to 0					
22a. SIGNATURE		5:05 P.M.		22b. DATE			
V. fueru	en M.	DUNG CONTROL DI	YS. K	10/9/61			
PHYSICIAN'S NAME (Type) V. Juerman, M	ſ.D.	Deer's Head State	Hospital;Sal	ishurw.Md.			
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		N (City, town or county)	(State)			
DUPIAL (Specify) Det. 10, 1961	Bichards C	em. EAST	ton, n	PARyland			
24 PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR	256, REGISTRAR'S SIGNA	ATURE			
Almo Satishiel.	- EASTON, 1	VICE DATE OCT 11 '61	arthur 8. H	raud			

201 Henry Gibson Emry Ham No Company of the State of the State of the MIN 4 with antholicity . The tal East Might To Amed Come That To a consultation Allowed In 18 To William Wild a commenced that TO HO ALL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The Amay be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, comation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 0

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND L2006 CERTIFICATE OF DEATH

1			- war and the same of a						
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara dacassed lived, if institution, Rasidance before admission)							
	o. COUNTY WICOMICO MARYLAND	MARY LAND b. COUNTY SIN	MERSET						
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside corporate limits, write RURAL and	give naarast town)						
	SALISOURY 3 WEEKS	DEAL ISLAN	()						
· 100	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE						
80	0: 11.0	Ma: Roan 192	ON A FARM?						
	3. NAME OF First PACE Middle	IN A IN TOTAL	YES NO						
	DECEASED /	1 Last 4. DATE Month OF	Day Year						
	(Type or print) BARBARA JANE H	NOERSON. DEATH OCTOBER	26, 1961						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	YEAR IF UNDER 24 HRS.						
	FEMALE White WIDOWED DIVORCED	Hu6-13-1943 18 yrs.	Jays Hous						
	10a. USUAL OCCUPATION (Give kind of work   10b KIND OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITI	ZEN OF WHAT COUNTRY?						
	MACHINE OF RATER GARMENT IN DU	VRY MARY / AND	15.4						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	LEVIN ANDERSON	FLORIS WILLIAM	4						
	(Yes, no, or unkown) (Ifyes give war or datasof sarvice)	EVIN ANDERSON - DEAL	Tel and M						
	Tie ANION OF DEPTH IS	EVIN MINDENSON - DEAL	INTERVAL BETWEEN						
	18. CRUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]		ONSET AND DEATH						
	IMMEDIATE CAUSE (a) III exceller Sar	PATT. DEATH WAS CAUSED BY:							
	DUE TO B O								
		coma Jeft thingh	4 mo						
	gave rise to Immediate cause (a), stating the underlying  DUE TO								
	cause last. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY						
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CHIEF AND CONTRIBUTING TO CAUSE OR CONTRIBUTING TO CAUSE OF DEATH OF CHIEF AND CAUSE OF DEATH OF CHIEF AND CAUSE OF DEATH OF CHIEF AND CAUSE OF DEATH		PERFORMED?						
0	200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter natura of injury in Part I or Part II of item 18.)							
	OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)								
		LACE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (Stata)						
	Hour a.m. While Not While	actory, streat, office bldg., atc.)	(arata)						
			-						
	21. I certify that (I) (this hospital), attended the deceased from	50 dobe 1961 to 2000 196	el., that (I) (we) last						
6	saw the deceased alive on CCTONER 26, 1961, and the		he date stated above,						
/	220. SIGNATURE	ATTENDING MED. STAFF TO	22b. DATE SIGNED						
	Trank (F- tage well	M.D. PHYS. DIRECTOR PHYS. 280	CX 61						
	220 PHYSICIAN'S	22d. ADDRESS							
1	NAME (Typa)								
1	236. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, fown or county	(State)						
1	REMOVAL (Specify) 10-29-61 ST. JOH	NE METHODIET DEAL TO	SLANA MA						
0	24 NUNGFAL DIRECTOR'S SIGNATURE ADDRESS	258, REC'D BY REGISTRAR 25b, REGISTRAR'S	SIGNATURE						
11	CO SIGNATURE TO LOUIS	1474	_						
1	VII VILOSIN WILL OSEN	DANOV 3 '01   Chillian A. 70							

PH of V of 1 Apr BUNGER DEAL ISLAND The same there are the same of the PAC-15-1943 15 They made Madeira grant Emment word Many Land The syn Angerson Floris Willing NO HURNALLY LEVIN ANDERSON - DIEVELAND MAIN And Milliam was a second of the second Not bell 1 1 PORCEAL TO STATEMENT TO SALE TELLER MAD B SWELT DOWN DANK TO THE

RURAL and give nearest town)

	18
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0 0 0	<u>P</u>

PLACE OF DEATH

Wicomico

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Marvland

b. COUNTY

Wicomico

/	H
2	

Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

CITY OR TOWN (If outside corporate limits, write

Salisbury d. STREET ADDRESS

IS RESIDENCE ON A FARM?

NAME OF DECEASED (Type or print)

First MAUDE

Pen Gen Hospital

Middle ETHEL

c. LENGTH OF STAY IN 16

ARBOGAST

4. DATE OF DEATH

1226 N.Division St

Month OCTOBER YES NO P

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED T

DIVORCED [

B. DATE OF BIRTH 1893

lost birthdoy)

CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

20th 196] P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months

Female

10a. USUAL OCCUPATION [Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY None

11. RIRTHPLACE (State or foreign country) Dunmore-W. Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

No

14. MOTHER'S MAIDEN NAME

INTERVAL BETWEEN ONSET AND DEATH

William K. Jackson IS. WAS DECEASED EVER IN U. S. ARMED FORCES?

during most of working life, even if retired)

House Work at Home

G.Anna Siple INFORMANT

n D.Arbegast (Sen)#66 Phillips Ave.

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

DUE TO

DUE TO

Year

Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.

20c. TIME OF INJURY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO TX

20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month.

While

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED

20d. INJURY OCCURRED Not while of work of work

20e. PLACE OF INJURY (Home, form, | 20f. (City or town) foctory, street, office bldg., etc.)

22d. ADDRESS

Medical

(County) (Stote)

19\_\_\_\_, that (1) (we) last

saw the deceased alive an ...\_

22o. SIGNATURE

21. I certify that (I) (this haspital) attended the deceased fram.

\_19\_\_\_\_, and that death accurred of

DIRECTOR -

Oct.

Center - Salisbury, Maryland

20 M, from the causes and an the date stated above.

22c. PHYSICIANDP Gray Beeves NAME (Tyan John M. Bloxom

23o. BURIAL, CREMATION, 23b. DATE THEREOF Oct. 23.1961

23c. NAME OF CEMETERY OR CREMATORY Parsons Cemetery 23d, LOCATION (City, town, or county) Salisbury, Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

25o. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

HOLLOWAY & COMPANY

SALISBURY, MARYLAND

DATE (CT 2 4 '61

Cirling S. Hours



ģ permi the buriol-transit or attending physicion. s certificate has been si crematian, detached for DIRECTOR 3 should TO FUNERAL poge 3 sh the State

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physician Ö .⊆

attending please

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communication of the second se The man fact of the state of th IN THE RESERVE AND ADDRESS OF THE PARTY OF T White I carried the state of the same of t The second secon MIC 1952 1.000 Martin M. The Martin D. Antinov Franch of the Committee o All of the Control of ALL THE BEAM COLUMN TO A STATE OF THE PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY e. STATE WICOMICO MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) Pocomo ke days Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Deer's Head State Hospital 112 Oak St. NAME OF 4. DATE Middle DECEASED OF (Type or print) James Ε. Ardis 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH Male 1894 WIDOWED DIVORCED March 6. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Worcester Co., Maryland Building Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charlie Ardis Haddie Landing 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) Helen G. Ardis, No Mrs 18. CAUSE OF DEATH |Enter only one couse ports PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

e. IS RESIDENCE ON A FARM? YES NO X 27. 19 61 October DEATH 9. AGE (In yeers | IF UNDER I YEAR) IF UNDER 24 HRS. last birthdey) Months Hours 12. CITIZEN OF WHAT COUNTRY? USA Address Pocomoke City, Md. INTERVAL BETWEEN ONSET AND DEATH erio ochernin PART II, OTHER SIGNIELCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20f. (City or town) (County) (Stete) 21. | certify that (i) (this hospital) attended the deceased from Aug. 30. , 1961, to Oct. 27. , 1961 that (i) (we) last .......19.61..., and that death occured al. 50...M. from the causes and on the dale stated above. 22b. DATE 10/27/61 PHYS. Deer's Head State Hospital 23d. LOCATION (City, town or county) City. Maryland

Worcester

pape carbon and physician гетоуе please signed by burial-transit certificate has Se USB prior ò R: After this detached for DIRECTOR: pluods FUNE D.pg & VR A15 (4) 15M 9/60

funeral

by the land 2 s

in by

Conditions, if eny, which gave rise to immediate cause

(e), stating the underlying

20c. TIME OF INJURY

22e. SIGNATURE

22c. PHYSICHIN'S

23e. BURIAL, CREMATION,

NAME (Type)

Hour e.m.

D. m

saw the deceased alive

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

cause lest.

DUE TO

Month, Day, Year

While

et work

Not While

**ADDRESS** 

Pocomoke

et work

236. NAME OF CEMETERY OF THE WAY First Baptist

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, )

factory, street, office bldg., etc.)

ATTENDING

22d. ADDRESS

DIRECTOR

PHYS.

City,

M.D.

Pocomoke

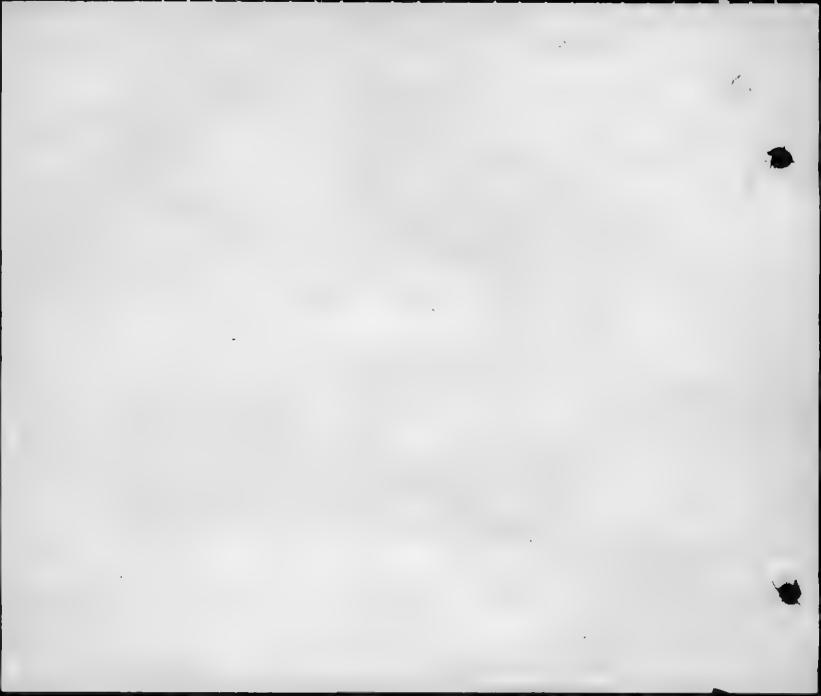
250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MarineT 3 1 '61

- JF - W SET WEED TO THE 67 Contral the contract Beginnetical actualties The Contract of the Contract o Ball Expenses and his prompt of Property She would story so Jelfust iself long of fairby There was the fift defense and and the first the war and TO HO SALE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page 4 may be retained by the flasplate of attending mysician.

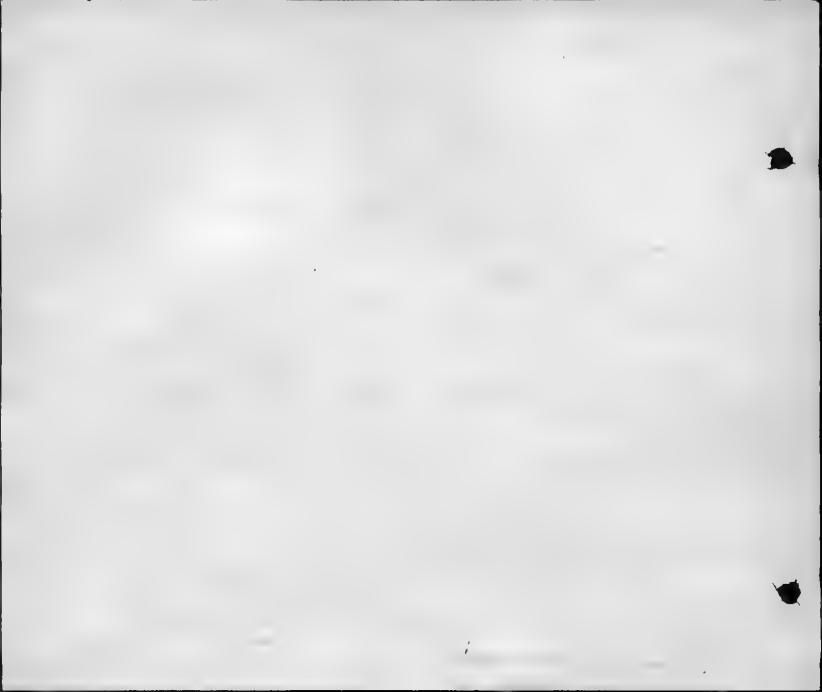
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MARYLA	ND STATE DEPA	ARTMENT OF	HEALTH	
DIVISION OF STATISTICAL RESEARCH	AND RECORDS, 3	01 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
DIVISION OF STATISTICAL RESEARCH	CERTIFICATE	OF DEATH		= 13.995

1)	1. PLACE OF DEATH  a. COUNTY  b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b  2. USUAL RESIDENCE (Where deceased I ved, if institute in Residence before ediplasion)  b. COUNTY  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
	SALIS DURY  NAME OF HOSP TAL OR INSTITUTION (If not in hospita), give strant address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARMY,
	13. NAME OF DECEASED (Type or print) VIVIAN WINDERSTAND BARCLAY DEATH OCTOBER 29, 1961
	5. SEX.  6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR)  WIDOWED DIVORCED NO.  100. USUAL OCCUPATION (Give kind of work deep during most of working I fe, even if retired)  100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP ACE (County & Stele, or fore 9n country)  112 CALZEN OF WHAT COUNTRY?
Ī	13, FATHER'S NAME  14. MOTHER'S MADEN NAME  15. MOTHER'S MADEN NAME  16. MOTHER'S MADEN NAME  17. MOTHER'S MADEN NAME  18. MOTHER'S MADEN NAME  19. MOTHER'S MADEN NAME  19
	PART I. DEATH WAS CAUSE (a)  DUE TO  DUE TO  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
	Conditions, if eny, which gave rise to immediate cause (e), staling the underlying DJE TO  couse lest.  PART II, OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMEN  PERFORMEN  YES NO
x,	208 ACCIDENT WAS UNDERLYNG 206. DESCRIBE HOW INJURY OCCURED (Enler nature of injury in Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or lown) (County) (Stete)  While Not While of work to the work to the deceased from 20c. Injury (County) (Stete)  21.   certify that (I) (this hospital) attended the deceased from 20c. 1961. to 20c., that (I) (we) last
/	saw the deceased alive on 29
	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  652 W Maren 57. Salistumy M.  236. BURIAL, CREMATION, 23b, Date HERROF 23a. NAME OF CHMETERY OR CREMATORY 23d LOCATION, (City, town or county)  REMOVAL (Specify)  M. Stale)
N. S.	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  DANOV 2 '61  CONTROL OF TICC K 1  250. REGISTRAR'S DIGNATURE  DANOV 2 '61  CONTROL OF TICC K 1  ADDRESS  DANOV 2 '61



AND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmyssion e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete I mils, c. CITY OR TOWN (If outside corporete limits, write RURAL end give reperest town) and c. LENGTH OF STAY IN 16 ģ wrste RURAL and give neerest town) Salisbury OVE Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? YES NO X 3 NAME OF DATE DECEASED OF (Type or print) DEATH 19 Poll AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX OR RACE | 7. MARRIED | NEVER MARRIED pirthday) and Months Hours WIDOWED [ 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOC AL SECURITY NO. (Yes, no, or unkown) , (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enler only one cause per line for PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TÓ Conditions, if any, which {b} gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Ф PEREORMED? cortifica as NO F USB Prior 20e. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 호 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20s, PLACE OF INJURY (Home, Jerm, 20f. (City or town) (County) (Stefa) Month, Day, Year factory, street, office bldg., etc.) While Not White Hour e.m. at work et work 19 RECTOR and that death occured at/...DM, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e SIGNATUR ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) death. 23c. NAME OF CEMETERY OR CREMATORY FOCATION (City, lown or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spegify) å å 250. REOCTY REPISTAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60



ESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND FOR STATE I COM O FILM GOY/ 10/17/USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) PLACE OF DEATH e. COUNTY a. STATE **b.** COUNTY director. Pag-Wicomico MARYLAND Maryland . Wicomico c. CITY OR TOWN (Ill autside corporate limits, write RJRAL and give nearest lown) b. CITY OR TOWN (if outside corporale I mits, c. LENGTH OF STAY IN 16 your write RURAL and give nearest town? 6 3 Hrs. Board Salisbury

NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Salisbury
d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital YES NO T DECEASED £ (Type or print) DEATH rederick Willam c. color of RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR  ${f Bertel}$ 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) Months Days Hours | Min. WIDOWED [ DIVORCED 36 108 USUAL OCCUPATION IG Ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COLNTRY? done during most of working life, even if retired) U.S.A. Cost Accounting Dulaney Foods New Jersev pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fred J. Bertels Martha A. Kaestner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkown) (Ifyesgive war or detective vice) Mrs. Martha A. Bertels, Same 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Hemorrhage due to gunshot wounds of chest and abdomen Office Conditions, if any, which geve rise to smmediate cause DUE TO (e), stelling the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T plnods 2De. EXTERNAL CAUSE WAS PRIMARY DAY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Shot self with 12 gauge shotgun.

ear , 20d, NJURY OCCURRED ; 20e, PLACE OF NJURY (Home, form, 20t. (Chy Chief 20c. TIME OF INJURY 20f. (City or fown) (County) (Stote) While fectory, street, office bldg., etc.) Not While et work et work Salisbury Wicomico Md. home. prior 0wn. forwarded to f 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 36 and in my opinion death resulted from-Natural causes Surcide V Homicide . Undetermined manner Accident CHIEF MEDICAL EXAMINER [ ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER Royer, 10-9-61 EXAMINER'S Plnous NAME (Type) AV AND OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 224 BURIAL CREMATION REMOVAL (Specify) 40 8 Wicomico Memorial Park Salisbury, Maryland Burial 10-10-1961 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL D RECTOR VS. ATSME Hill & Johnson Co. Salisbury, Maryland DATE OCT 1 3 '61 5M 7/59 Orthog & Kinna

MARYLAND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm ssion) e. COUNTY STATE **b. COUNTY** maryLand MERVIAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) .5 Sa LISDER Pages lied e. IS RESIDENCE ON A FARM? YES NO T papers. NAME OF Year DECEASED OF (Type or print) DEATH ()C 19 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. Months WIDOWED IDE. USUAL OCCUPATION (GIVE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired physi Jalesin FATHER'S NAME ling p atte (Yes, no, or unkown) (If yes give wer or detes of service ŧ. 18. CAUSE OF DEATH [Enter only one cause per line ciar Sy Ci PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (#) DUE TO Conditions, if any, which' (b) geve rise to immediate cause DUE TO (e), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19. WAS AUTOPSY ATION PERFORMED? NO 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) č (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While may be retained DIRECTOR: Aft et work at work 21. I certify that (I) (this hospital) attended the deceased from CHBER , and that death occured a W. AM, from the causes and on the date stated above. saw the deceased alive on UCTO DUN DATE 220. SIGNATURI ATTENDING STAFF PHYS. PHYS. director, page , be filed with th death. Fige 4 O FUNERAL 22c, PHYS CIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) (State) 23e. BURIAL, CREMATION, 23b. DATE THEREOF EMOVAL (Speculy)

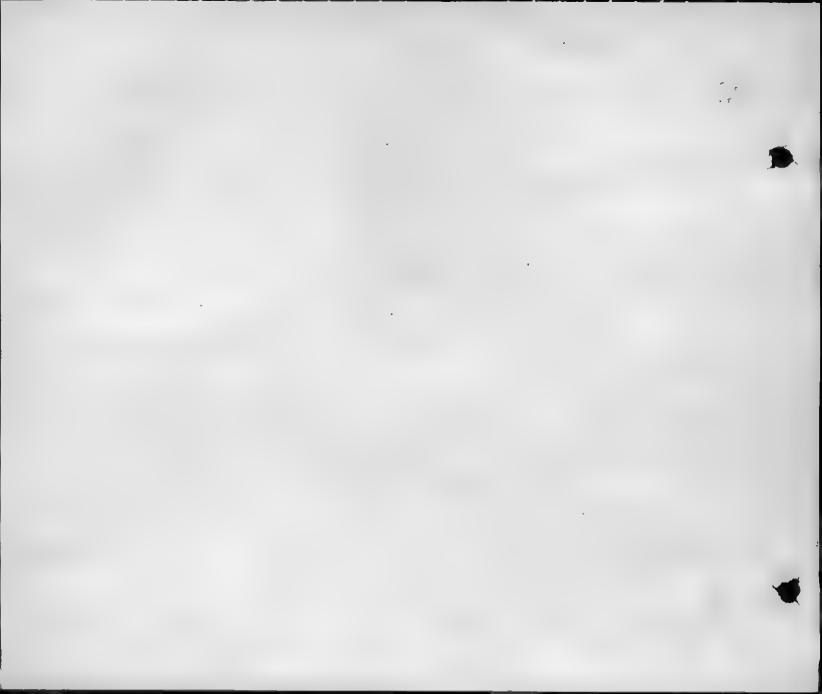
50, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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FUNERAL DIRECTOR

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physic



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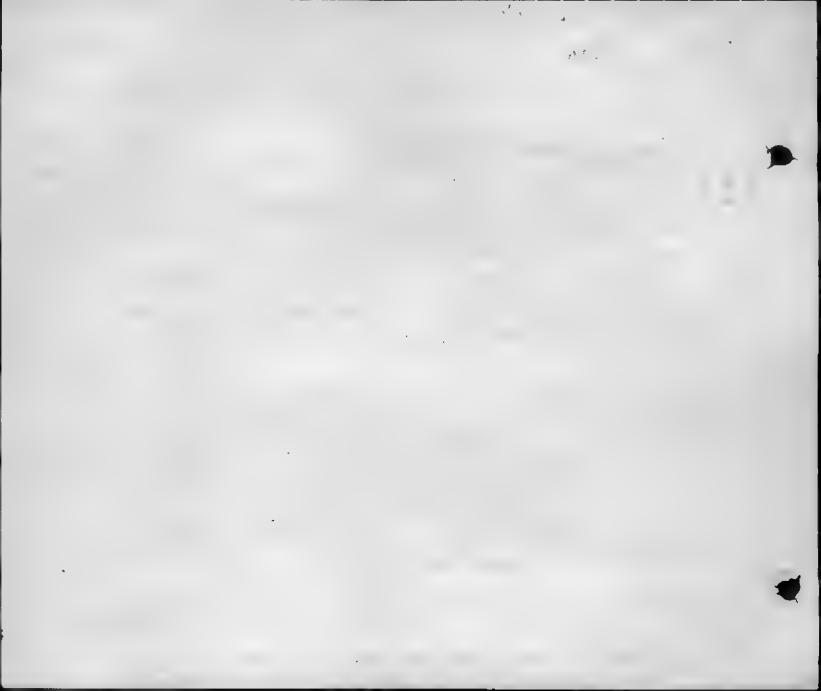
15M 9/60



23

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MARYLAND STATE DEPARTMENT OF HEALTH	
	RE 1, MARYLAND
12012 CERTIFICATE OF DEATH	12000
1. PLACE OF DEATH  a. COUNTY  b. CITY OR TOWN (if outside corporate limits, write transfer and give neerst lown)  b. LENGTH OF STAY IN 1b  C. CITY OR TOWN (IVoutside corporate limits, write transfer and give neerst lown)  ALISBUR 9  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stread address)	Vorcester
S. NAME OF DECEASED (Type or print)  5. SEX  16. COLOR OF RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH  MIDDLE. COLOR OF RACE 17. MARRIED NEVER MARRIED 18 DATE OF BIRTH  Male. Color of Race 17. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Male. Color of Race 7. Married Never Married 18 DATE OF BIRTH  Married 18 DATE OF BIRTH  Month  Married 18 DATE OF BIRTH  Month  Married 18 DATE OF BIRTH  Month  Mon	ON A FARM? YES NO TO NO
108 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State or fore gn country)  11 BIRTHPLACE (County & State or fore gn country)  12 NFQ NF MAJEN NAME	USA -
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO. 17. INFORMANT  Address  (Yes, no, or unkawn) (If yes give wer or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (e) (b) and (c))  PART I. DEATH WAS CAUSED BY:	COMOR INTERVAL BETWEEN A
DUE TO  Conditions, if eny, which geve rise to immediate cause (a), stating the underlying DUE TO  Couse lest.  PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  If EITHER, NOTIFY MEDICAL EXAMINER)	YEN IN PART I(3) 19. WAS AUTOPSY PERFORMED? YES NO
20c, TIME OF INJURY Month, Day, Year 20d, (NJJRY OCCJRRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Hour a.m.  p.m. 19 el work el work	(County) (Stere)
21   certify that (I) (this hospital) attended the deceased from	
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, Torm DUVICE) 10-14-6/ TIN5/ex ChgPe/ Te Com  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REC  250. REC'D BY REGISTRAR 25b. REC'D BY	wn or county) (Stele)  I K C M C  GISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12015 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY D. STATE **b.** COUNTY Wicomice MARYLAND Marvland Wicomice b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If putside corporate limits, write RURAL and give nearest lown) RURAL and give negrest town)
Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 911 S.Division St S.Division S6 YES NO T Middle 4. DATE Month Year DECEASED OF DEATH CALEB CALVIN COOPER OCTOBER 21 (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH 9 AGE (In years 87 yrs Months Days DIVORCED | March 9,1874 Male WIDOWED White 10g USJAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Retired Construction Foreman Surry Virginia 12. CITIZEN OF WHAT COUNTRY? Retired SA Surry Virginia 13. FATHER'S NAME Jethua Cooper Sarah Thompson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT A.Cooper(Wife)911 S.Division St Mrs Mary Unk 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET\_AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o): Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES NO IX 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg , etc.) o. m. While Not while N/A at work at work 1902, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram.\_\_. 19 6 1 and that death occurred 2 My from the causes and on the date stated above. カ・ンし saw the deceased office-on 220 SIGNATURE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS 1961 MD. 22c. PHYSICIAN'S 22d. ADDRESS NAME (TypDr. Henry A. Briele Medical Center - Salisbury, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Wicomico Memorial

TO FUNERAL page the St VR A15 (4) 15M 9/59

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DIRECTOR:

WIIh director

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g physician remave cark ⊆

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funeral

after death. Page

24 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MARYLAND

Oct.23,1961

BUR AL, CREMATION, 236 DATE THEREOF

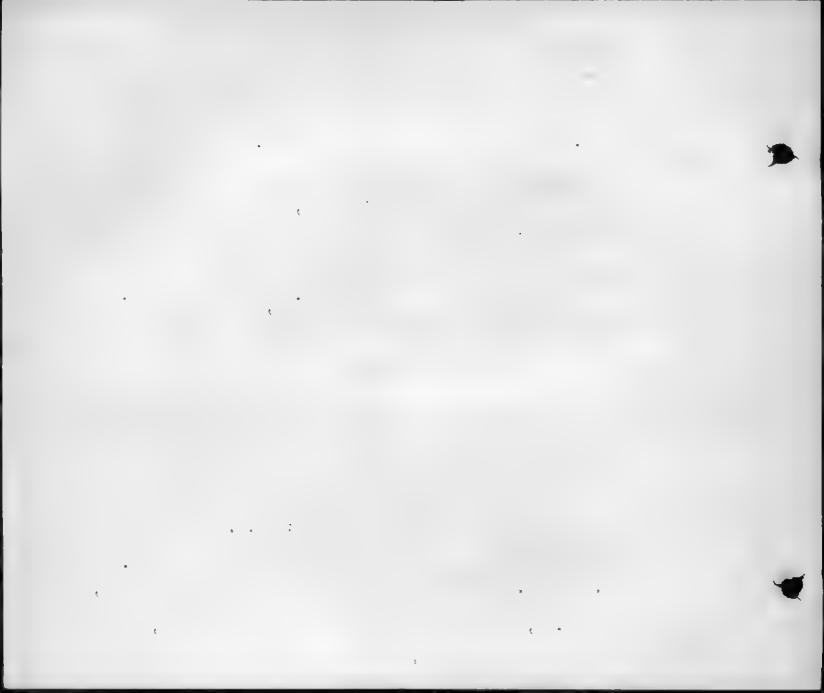
Salisbury, Maryland 25a REC'D BY REGISTRAR DATE OCT 2 4 '61

Park

25b, REGISTRAR'S SIGNATURE C. Shung of France

(Stote)

23d. LOCATION (City, town or county)



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY 1com10 MARYLAND Wicomico c. CITY OR TOWN (If outs de corporete I mils, write RURAL and give neerest town) b. CITY OR TOWN ( f outs de corporete limits, c. LENGTH OF STAY IN 16 Salisbury NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO J. NAME OF 4. DATE DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ( 8. DATE OF BRIH IF UNDER 24 HRS. 9. AGE (In yeers lest birthday) Months Hours WIDOWED | D VORCED March 3.1961 10a. USUAL OCCUPATION (Give kind of work 11 BRTHPLACE County & State or oreign country) , 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth John Johnson Dowers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ( 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which geva risa to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? NO [ 20b. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f (City or town) (County) (State) fectory, streat, office bldg., etc.) While \_\_Not While at work at work saw the deceased alive on ..... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 238. BURIAL, CREMATION, | 236 DATE THEREOF REMOVAL (Specify) 25e. REC'D BY REGISTRAR + 25b. REGISTRAR'S SIGNATURE Chrima S. Thomas

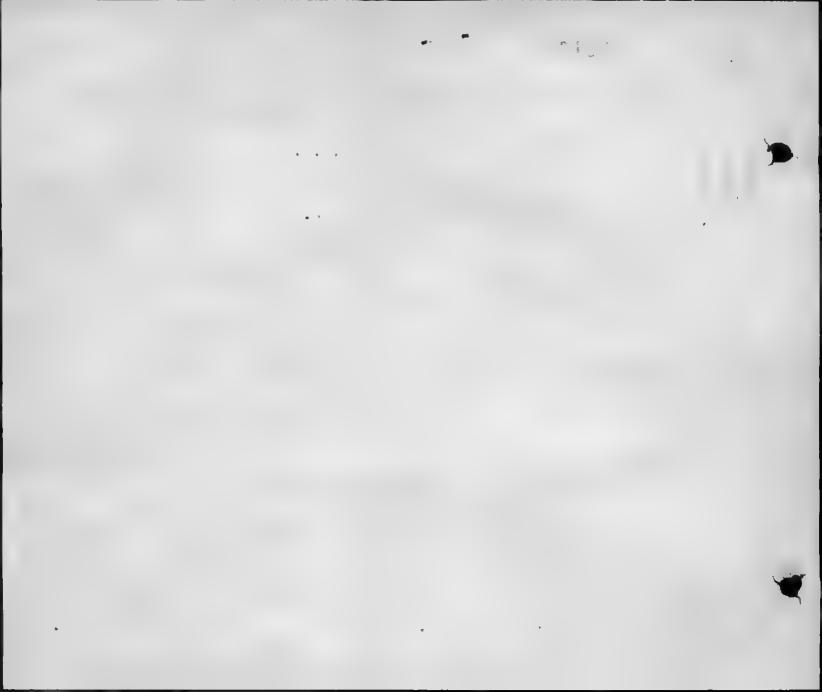
and à and col

TO HO:

Adeath, Page 4 may be retained to FUNERAL DIRECTOR.

Joint To FUNERAL DIRECTOR.

Girector, page 3 should be determined to be filled with fine State Debt.



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12017 CERTIFICATE OF DEATH

	PLACE OF DEATH a, COUNTY			CE (Where decessed lived, If institution; Re	sidence before admission)	
	Wicomico	MARYLAND	o. STATE Mary	land 6. COUNTY Wi	cemico	
	b, CITY OR TOWN (f ouls de corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporete fimits, write RURAL and	giva neerast town)	
	write RURAL end give neerest town) Salisbury	7 days		-74-1		
9.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)		d. STREET ADDRESS	alisbury	e. IS RESIDENCE	
U-			À	Manuai - Daine	ON A FARM?	
-	Deer's Head State H	*	-		AEZ   NO X	
3.	NAME OF First DECEASED	₩ ddle	Last	4. DATE Month	Dey Year	
	(Type or print) Edythe	Cornelia	Dunlap	DEATH October 1	.2, 1961	
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	L. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y		
	Fenale White WIDOWE		12/19/93	67 yrs. Months D	eys Hours Min.	
10a do	. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Coun	ity & Stete, or fore gn country)   12. CITIZ	EN OF WHAT COUNTRY?	
	Housewife		Maryla	nd	USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	_	
	Willis H. Fisher		Isa	bella Dawson		
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO., 17.	INFORMANT	Address	Md -	
(10	NO (If yes give we ror detes of service)	0-22-1612	eerie Head S	tate Hospital Record	s. Salishury	
==	18. CAUSE OF DEATH [Enter only one cause per li		COI O II da D	back Hobjatoan Hoodi	INTERVAL BETWEEN	
	PART I, DEATH WAS CAUSED BY				ONSET AND DEATH	
		onchial pneumo	onia - bilate	ral	5 days _	
	EX DUE TO					
Conditions, if eny, which ) (b) Chronic partial intestinal obstruction 2						
	(a), stetling the underlying DUE TO					
		ritoneal adhes	ions		10 vrs	
8	PART II. OTHER SIGNIFICANT CONDITIONS CON			NAL D.SEASE CONDITION GIVEN IN PART	(e) 19. WAS AUTOPSY PERFORMED?	
Ĭ	Parkinson's disea	90			YES X NO	
IFFC	30% ACCOUNT WAS UNDERLYING TO TOOK DEST	CRIBE HOW INJURY OCCURES	), (Enter neture of in usy in )	Pert I or Pert I of item 18.)		
CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH					
MEDICAL			CE OF INJURY (Home, farm		(Siete)	
4EDI	Hour a.m., While p.m. 19 at work	COLUMN CO	tory, street, office bldg., etc.	7		
_	21. I certify that (I) (this hospital) attend		Oat Eth	1067 - Oat 30th 106	7 45-4 (1) (1) (-1)	
	1 1 2 7 1					
	saw the deceased alive on Cc.tober .	1901, and that	death occured alki.	35AMfrom the causes and on th		
	22e, SIGNATURE	1115-1		MED. STAFF	226. DATE SIGNED	
	see of	ace of		DIRECTOR PHYS.	10/15/61	
	NAME (Type) TOO T T	35 D	22d. ADDRESS			
	Lee L. Lawry,	M. D. /	Deer's #	ead State Hospital,	Salisbury, Ad	
23	BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY	1/1 -1	23/) LOCATION (City, fown or county)	(Steta)	
	DURIAL 1001.16,1961	North Woo	d CEMETERY	ThILAdelphiA	PENNA	
24.	FUNEAL DIRECTOR'S SIGNATURE	ADDRESS (	25a, REC	C'D BY REGISTRAR 256, REGISTRAR'S SI	GNATURE	
	/homest-wallace	Halesvery	DATEO C	T 1 6 '61 Writing S. 9	Vince	



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm sstopf e. COUNTY Раде files. Health. e. STATE **b.** COUNTY Wicomica MARYLAND Maryland Somerset b. CITY OR YOWN ('I outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neerest town) director. write RURAL and give neerest town) ŏ Salisbury Westover d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) Boar d. STREET ADDRESS IS RESIDENCE ON A FARM? Peninsula General Hospital YES ANO 3. NAME OF 4. DATE Month DECEASED OF the (Type or print) DEATH FT ora 19 Dunn 2 with 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In yeers IF UNDER I YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months and WIDOWED [ DIVORCED June 14,1909 Page 5 s 1 and n 72 John 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife North Carolina peges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 18. Give Turner Foster Laura Waston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yes, no, or unkown) ( (Ifyesgive weror detesofservice) Office elong with he burial-transit permit amoval, end in any e Mr Russell Dunn Westover. Md. in pencil in Item 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ruptured Aneurysm thoracic sorta 1Hr. hOMin IMMEDIATE CAUSE (e) **DUE TO** removal, Conditions, if eny, which geve rise to immediate cause 0 DUE TO (e), stating the underlying Sign Examiner PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY PERFORMED? cremati 28 the word Medical NO should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. e certificate, writing the carded to the Chief A the Chie R: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, ferm, 20f. (City or town) (County) (Stole) fectory, street, office bldg., etc.) While Not While el work et work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER execute the designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER 10 - 9 - 61EXAMINER'S Salisbury Add Metrest, city, town, or county!
22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C NAME (Type) Camden 9926 22b. DATE THEREOF 22d. LOCATION (City, town, or country) 220. BURIAL, CREMATION, REMOVAL (Specify) Princess Anne. Md. Z40 9 St. Andrew Cemetery burial 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Princess Anne, Md. DATE OCT 13 '61 VS. A15ME 5M 7/59 arthur & three

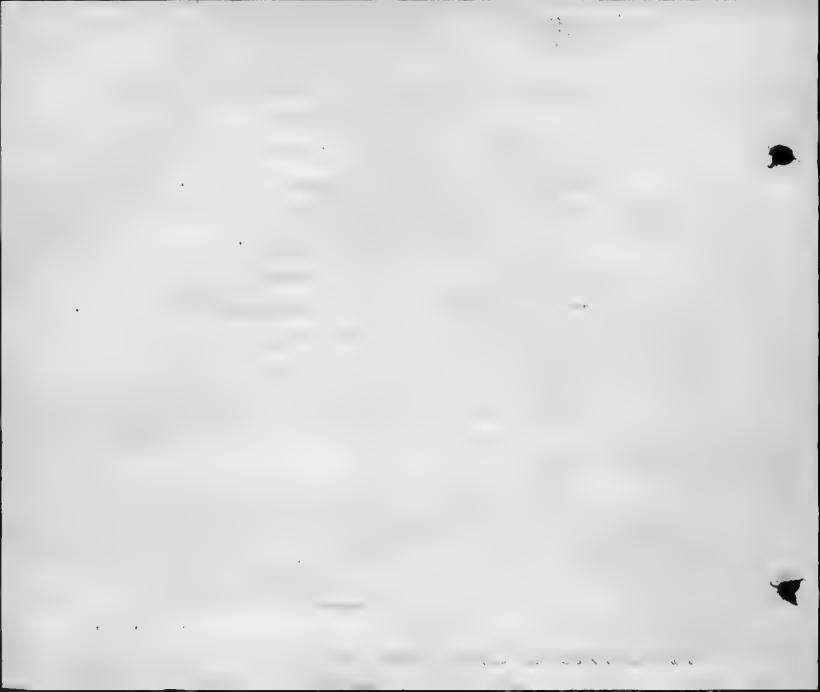


EET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) e. COUNTY 100mic MARYLAND VVORCOSTER b. CITY OR TOWN (if outside corporate I mits, LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give neerest town) a.//3.b.ury
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? OLYES 🗌 NO 🔀 DECEASED (Typa or print) 7. MARRIED NEVER MARRIED lest birthday) | Months | WIDOWED yrs. physician 12. CITIZEN OF WHAT COUNTRY? HOUSE. 13. FATHER'S NAME please attending ( 15 WAS DECEASED EVER N. L.S. ARMED FORCES | 16 SOCIAL SECURITY NO (Yes, no, or unkown) (!fyesgivewerordelesofservice) 18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (e) **DUE TO** Conditions, If any, which geve risa to Immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTON TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTOPSY PERFORMED? NO T 20e. ACC DENT WAS JINDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Itam 18.) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, ' 2Df, (City or fown) (County) (Stete) factory, street, office bldg , etc.) While Not While et work et work 21. | certify that (I) (this hospital) attended the deceased from / /// , and that death occured at // A.M. from the causes and on the date stated above saw the deceased alive on... 22a. SIGNATURE 22b. DATE ATTENDING PHYS. 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, | 23b. DATE THEREOF OF CEMETERY OF CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) နှင့် နှင့် 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Cothur S. Trans



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institutions Residence before edm ssion) a. COUNTY **b.** COUNTY Wicomico 후 C1 4 MARYLAND by th b. CITY OR TOWN (if outside corporete I mits, . c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete l'mits, write RURAL and give neerest town) write RURAL and give nearest town) Delmar Delmar vears .57 filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 200 Railroad Avenue 200 Railroad Avenue YES NO T 3. NAME OF Midd e Last 4. DATE DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR) 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Female WIDOWED X DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Home Laurel. Del. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cian. by the attending r Benjamin Hill Then plea Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO , 17, INFORMANT Ad dress removal, (Yes, no, or unkown) | (If yes give war or detes of service) Carrie Ada Prevette. Delmar. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b., end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cerchal Thrombosis IMMEDIATE CAUSE (a) **DUE TO** Certal anterior berous Conditions, if eny, which gave rise to immediate couse DUE TO (a), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) , 20e, PLACE OF INJURY (Home, felm, 20f, (City or town) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED (County) (Stete) factory, street, affice bldg., etc.) may be retained DIRECTOR: Aff Not While Hous a.m. el work et work 21. I certify that (I) (this hospital) attended the deceased from. .... 2//... saw the deceased alive on ... QC T. 2. 9 .....19 . 6.7, and that death occured at 12.26 M, from the causes and on the date stated above 22e. SIGNATURE SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S DELMAR 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 1 23c. NAME OF CEMETERY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 # 2 10-24-61 Laurel. Del. RT. Burial 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



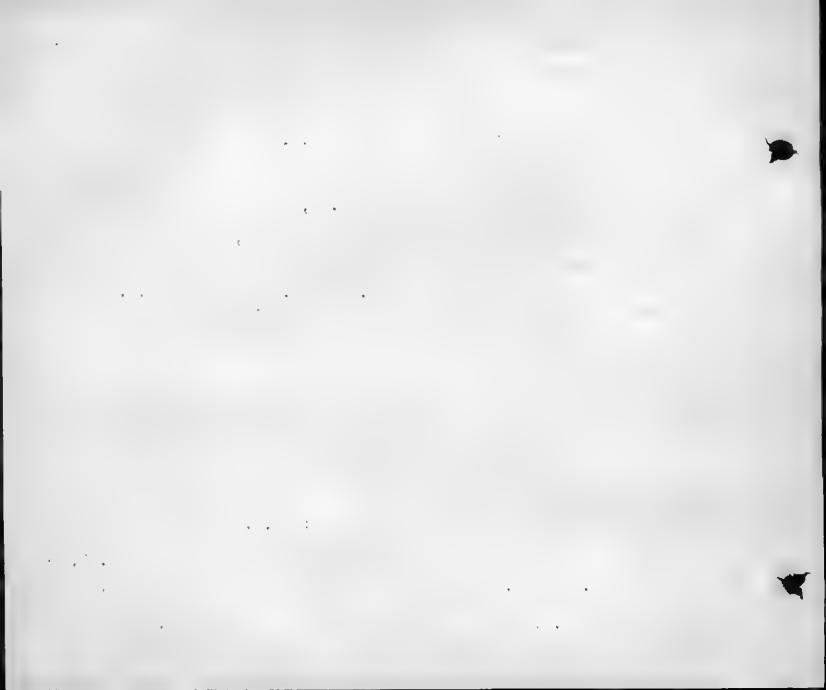
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1 2 1 25 7

		12021		CEKTIFIC	AIE OF D	EAIR			4 (14 ( ) ( ) ( ) ( ) ( )
1 9	COUNTY				2, USUAL RESI	DENCE (Where dece	ased lived. If institution	an: Residence bef	fare admissian)
`		comico	_	MARYLANI		laryland	b. COUNTY	Wicom	100
Ŀ	CITY OR TOWN (IF RURAL and give nec	outside carporate limi	ls, write c.	LENGTH OF STAY IN 1	V -		rporote limits, write R	URAL and give ne	earest town)
	RURAL and give neg				S	alisbur	У		
•	OR INSTITUTION	AL (If not in hospital, g		'ess)	d. STREET A	**			e. IS RESIDENCE ON_A FARM?
	Per	n Gen Hos	pital		E	1.D.# 2			YES IN NO
- 1	NAME OF DECEASED Type or print)	CHARI		EDWARD	GIBBONS	10	Admor		eth 19 61
5. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	н	9 AGE (In years last birthday)	Months Days	R IF UNDER 24 HRS. Haurs Min.
	Male	White	WIDOWED [	DIYORCED [	Jan. 14	,1881	80 угз.	monns Days	ridors min.
Đa.	. USUAL OCCUPATIO during most of worki	N (Give kind of work on his life, even if retired	dane 10b. KINI	D OF BUSINESS OR IN	· ·				OF WHAT COUNTRY?
	merkx&xin	manaxRet1	red F	armer	Pitt	sville	Maryland	l.	USA
13.	FATHER'S NAME					MAIDEN NAME			
	Robert	31bbons				rude_Rou			
		IN U. S. ARMED FOR f yes, give were or dates of so		IAL SECURITY NO.		P.Gibbe	ons(Wife)	Ä.D.#	2
	18. CAUSE OF DEAT	TH [Enter anly one ca	use per line fo	r (a), (b), and (c).]	The same of the sa	. /	0 -	IN	TERVAL BETWEEN
	PART I DEAT	H WAS CAUSED BY:	les	tours.	Carnete	c Steen	A Dea	Market UN	SET AND DEATH
	. 10	/ ) DUE TO				-			
	Canditions, if an	y, which ) (b							
	gove rise to im couse (a), stating t	imediale (	-						
	lying cause last.	(c)	)						
CATION	PART IF OTH	R SIGNIFICANT CON		TRIBUTING TO DEATH O	UT NOT RELATED TO	THE TERMINAL DISE	EASE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20ь. DESCRIB	E HÓW INJURY OCCUE	RED. (Enter nature o	if injury in Part I ar	Part II of item 18.)		
ICAL	20c. TIME OF INJURY	Manth, Day, Yes			PLACE OF INJURY ( foctory, street, affice	Home, farm, 20f (	City ar town)	(County	y) (State
MEDI	Havr a.m.	N/A 19	While at work	Not while at work	N/A	J. Brogn. elc.)	N/A		
	21 1 certify that (1) (this hospital) attended the deceased fram								
	saw the deceased alive an 19 , and that death accurred at M, from the causes and an the date stated above								
	226 SIGNATURE 226 DATE								
	and and	1-15cl	lun-		M.D PHYS	G MED DIRECTOR	THYS THYS	Oct.	30,1961
	22c PHYS CIAN'S NAME (Type)	Dr.David	J.G11	more	22d ADDR			Lsbury,	Maryland
23a		N, 23b DATE THEREC	OF 23	NAME OF CEMETERY	OR CREMATORY	23d, 1O	CATION (C'ty, town,	or county)	(State)
	Buria	l Nov.1.3	1961	Parsons	Cemeter	y S	alisbury,	Maryla	nd
24	FUNERAL DIRECTOR'S			ADDRESS		250 REC'D BY REC		STRAR'S SIGNATI	URE
H	OLLOWAY &	& COMPAN	Z SAL	ISBURY MA	RYLAND	DATION 31	'61 Chi	hun S. Heav	Aprilla.

TO HOSP. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be a care by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corban pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59

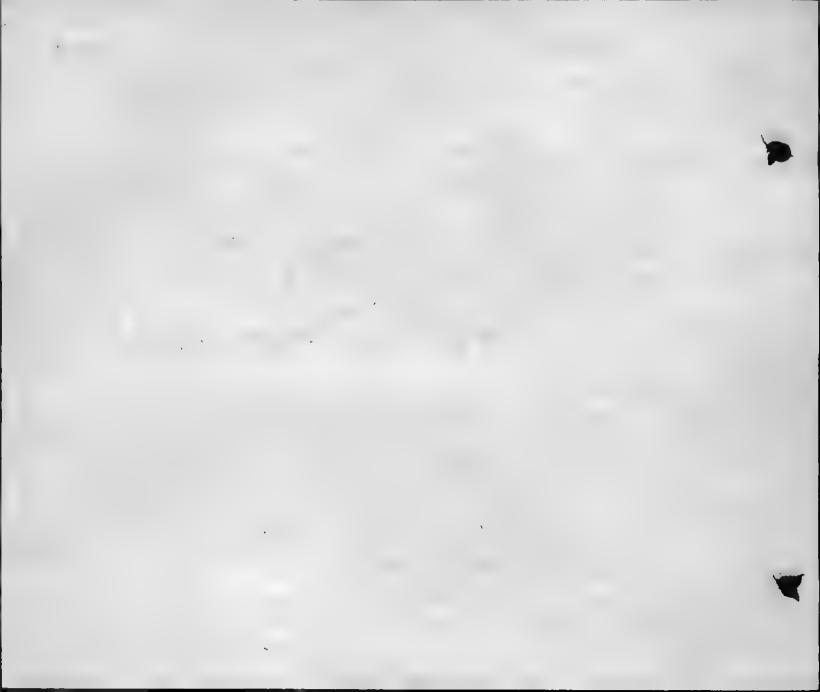


LAND STATE DEPARTMENT OF HEALTH STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) e. COUNTY the t 1100mico ARVUAND MARYLAND MIRCESTER b. CITY OR TOWN (in outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL and give nearest town) SALISBURY d. NAME OF HOSPITAL ORANSTITUTION (if not in hospita, a va street address) ON A FARM? YES NO DECEASED Fullers (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. Months | Days WIDOWED [ or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired)
REALESTHEE DEVISED PER physici BROOKLY attending pl 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for a), [b), and (c, f) I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, geve risa to Immediate ceuse DUE TO (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19. WAS AUTOPSY PERFORMED? NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db DESCR BE HOW INJURY OCCURED, (Enter neture of injury in Pert or Pert II of Item 18.) 2Dd. INJURY OCCURRED 200 PLACE OF INJURY (Home, farm, 2Dl. (City or fown) (County) 2Dc, TIME OF INJURY Month, Day, Year lectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21, I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on..... ATTENDING 22b. DATE 22e SIGNATURE S GNED DIRECTOR FUNERAL. 22d ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O de de REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

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VR A15 (4)

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MAR	VIAND
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR  19092 CERTIFICATE OF DEATH	C C
N	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased I'ved, If institution, Reside	ance before admission
(IA	b. COUNTY  b. CITY OR TOWN (if outside corporate I m'ts,  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and g'v.	Miles
	write RURAL and give nearest town)  5 Plis buky  20 Min's X PARSONS BURG	a 1150-041 109711
09	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	o, is residence on a farm? yes No 🔀
1	J. Feninsula General Hospital  3. NAME OF PECEASED  Month Da  Month Da	
	(Type or print)  IS ARC WARRING TON HAILAM  DEATH  O 25  5. SEX  6. COLOR OR RACE 7. WARRING TON HARRING TON S. DATE OF BIRTH  9. AGE (In years IF UNDER I YEA	R   IF LNDER 24 HRS.
	MAR WIDOWED DIVORCED ADDIS 4 1879 Q2 yrs. Months Days	
	LETICED JAKESMAN LE ADKINS CO DELAWARE,	5. A.
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. MARKY P. BENNER	,
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC.AL SECURITY NO. 17. INFORMANT  (Yas, no, or unknown) [(Ifyasg vawarordalasofsarvice)	
		HURE //
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) My & o and al marchian	5-6 hes
	Conditions, it any, which (b) ( iverany atherosalerosas	apro
	(a), stating the underlying DJE TO  Couse test.  (b)  Couse test.	'>
		PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL D SEASE CONDITION GIVEN IN PART I(a)  208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW NJURY OCCURED, (Entar nature of injury In Part Lot Part I of Itam 18.)  OR CONTRIBUTING   CAUSE OF DEATH   CONDITION CONTRIBUTION CONTRIB	YES NO
0		(Stata)
	Hour a.m.  While Not While factory, street, office bldg., atc.)  p.m. 19 at work at work	,
		that (I) (we) la
	saw the deceased alive on	226. DATE
/	THE CLEAN IN THE M.D. PHYS. DIRECTOR PHYS. 1	25 /94
,	NAME (TYPE) Dr. WILLIAM P. BRAY SALISBURY, MARYLAND	184.13
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) BURIAL (Specify) BURIAL (Spe	Ob.L.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
,	HILL & DOHNSON Co. SALISBURY, MARY PARTE OCT 31 '61   william 8. to	AAAA
	flounds i source	



MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution: Residence before edmission) a. COUNTY a. STATE **b. COUNTY** the ind 2 eath. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RJRAL and give necrest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town) e L . ". d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, a ve street eddress) 13-RESIDENCE ON A FARM? YES TO NO T 3. NAME OF 4. DATE Middle Month Year DECEASED OF DEATH (Type or print) B. DATE OF BRTH 9. AGE (In years LIF UNDER 1 YEAR ! IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED 18 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY! done during most of wasking life, even if refired) physici 13. FATHER'S NAME Then please RLANDO MARRISON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) ((If yes give war ordates of service) 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Condillons, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a)) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part II) of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work et work DIRECTOR: 0... 8. .., 19 1., to ... 10 ......, 1961..., that (1) (we) last 22b. DATE 220. SIGNATURE ATTENDING -MED. 51GNED STAFF PHYS. 4 DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 1 23d. LOCATION (City, fown or county) 230. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL [Specify] O TE LVERGREEN Ь 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Cothur & House



Circling & Thouse

DATE

the funeral should be fi filled denth campletely papers pup pan affending þ permi peen : After this detached far Health OIRECTOR: should TO FUNERAL

VR A1S (4)

15M 9/59

HOLLOWAY & COMPANY

SALISBURY



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If Institution, Residence before admission) a. COUNTY WICOMICO MARYLAND b. CITY OR TOWN ( f outside corporete limits. A LENGTH OF STAY IN 16 c. CITY OR TOWN (If guts de corporate limits, write RURAL end a've nearest town) ALISBURY

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARME YES NO X 161 3. NAME OF DECEASED OF (Type or print) DEATH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months: Days WIDOWED K 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physici WITE 13. FATHER'S NAME ø ending ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT [[fives give waveedates of service] 18. CAUSE OF DEATH [Enter only one cause per line for ie), (b. end (c. ) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the undarlying WAS ALTOPSY NO THE 20b. DESCR BE HOW INLURY OCCURED. (Enter nature of in'ury in Part or Port II of itam 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that (I) (this nospital) attended the deceased from . . Liely ... C. L. 15 19.6/., and that death occured av/12M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a SIGNATUR ATTENDING STAFF SIGNED MED DRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23d. LOCATION (City, Igwn of county) 23# BURIAL, CREMATION, | 23b. DATE THEREOF CREMATORY. F 2 0 BY REGISTRAR | 256, REGISTRAN'S SIGNATURE VR A15 (4) 15M 9/60



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND FOR STATE EDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) director. Per-vour files. B. COUNTY a. STATE **b.** COUNTY MARYLAND c. CITY OR TOWN (If outside corporate Tim ts, write RURAL and give needs st town) b. CITY OR TOWN (Toutside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Delmar d. STREET ADDRESS 3. NAME of Peninsula General Hospital DECEASED (Typs or print) DEATH Nina
6 COLOR ON RACE 7, MARRIED NEVER MARRIED Keefer 10-3-61 19, AGE (In years last birthday) Months WIDOWED ! 10b K ND OF BUSINESS OF NOUSTRY 11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Item 18, Give Pages File pages 1 Dolmar, Del. 13. FATHER'S NAME NUTSE ۵ Charles Hutchinson Rosa Parker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 178. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or upkown) ) (If yas give war or detes of service) with Earl Keefer, Delmar, Del INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. Bullet wound of brain IMMEDIATE CAUSE (a) Office **DUE TO** burial gave rise to immediate cause DUE TO (a), stating the undarlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 3 the word Medical plnods 208 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Ilam 18.) CAUSE OF DEATH. Shot self through head with a pistol. | 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown) to bu 20c. TIME OF INJURY (County) While Not While factory, streat, office bldg., etc.) Sussex Delmar 10-3-51et work at work Own home. forwarded to the sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry A. death resulted from-Natural causes Suicide X Homicide [ Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR 10-5-61 L. Royer, DEPUTY MEDICAL EXAMINER AVO SALISDUP Todros Tiley, city, lown, or county) NAME (Typa) 107 Can Camden T22d. LOCATION (City, town, or country) REMOVAL (Spacify) 40 g Parsons Comotory Salisbury, Md. Burial
23. FUNERAL DIRECTOR Delmar, Del. DANGET 9-'61-VS. A15ME W.S. Marvel Co. 5M 7/59

. IS RESIDENCE ON A FARM? YES NO T

IF UNDER 24 HRS.

Sudden

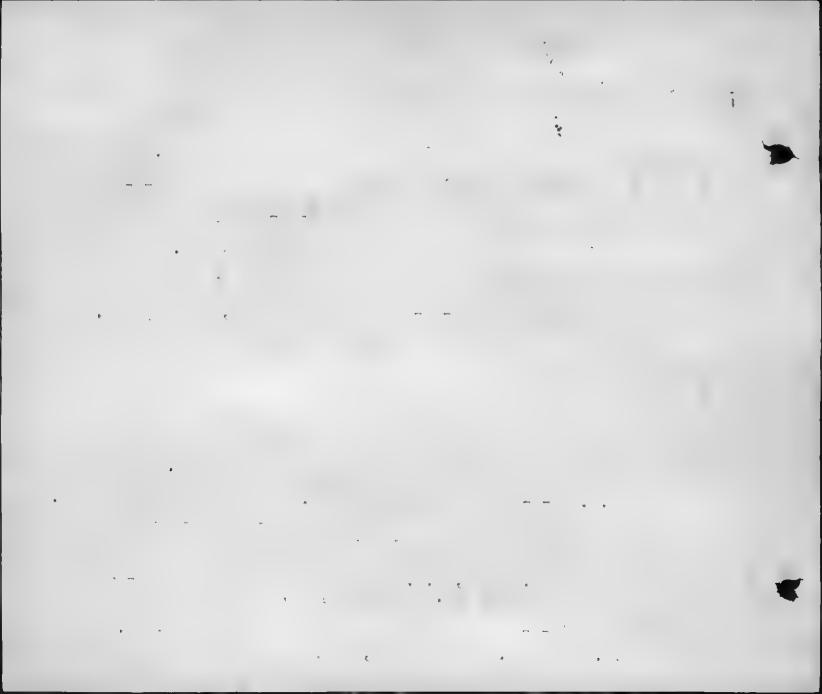
PERFORMED?

(Stata)

Del.

and in my opinion

DATE SIGNED



12000

by the funeral director, þe shauld

s ofter deoth. Page 4

may be the last by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the buriof transit permit. Then please remave carban pagers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VR A15 (4) 15M II/59

16060				
PLACE OF DEATH o. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (WAS 0. STATE Mary)		ution: Residence before admission) TY WICEICS
b. CITY OR TOWN (If outside carporate limits, w RURAL and give nearest town) Salisbury	rite c. LENGTH OF STAY IN 16	Salis		s RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give sor INSTITUTION MARSHALL	st	d. STREET ADDRESS 209 Ma	arshall St	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) LULA	MAE 1	LITTLETON	OF A	beber 17th 1961
T1 10 17 17 4 1	MARRIED NEVER MARRIED DOWED DIVORCED	April 19,1	9, AGE (in year last birthday 81 y	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  Heuse Work at Heme	None	Wicomice	County, Md.	12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Edward Lowe		Clara Me		
15 WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, give wor or dotes of service)	L.M:	rs. Beatrice	L/Davis(Da	inghter) 209 Mary Land
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Mys Cally	inlace	tión	INTERVAL BETWEEN
∠ [] · ] DUE TO				
Conditions, if ony, which (b)		<u> </u>		
lying cause lost.  DUE TO  (c)				
PART II, OTHER SIGNIFICANT CONDITION  200 ACCIDENT WAS UNDERLYING D  200 ACCIDENT WAS UNDERLYING D  OR CONTRIBUTING C  OR CONTRIBUTING C  OF EITHER, NOTIFY MEDICAL EXAMINER	OCH CLEEK !	NOT RELATED TO THE TRAIT	NAL DISEASE CONDITION (	GIVEN IN PART (o) 19. WAS ALTOPSY PERFORMED? YES NO
	N/A	D√Enter noture of injury in t	Port I or Port II of item 18.)	
Hour o.m. W.	20d. INJURY OCCURRED 20e. PL While Not while for york of work	ACE OF INJURY (Home, form clary, street, office bldg., etc.	20f. (City or town)	(County) (State
21 I certify that (I) (this haspita) at	`- <i>H</i> .		M. fram the causes	and an the date stated above
Telem Laus	Mh.	ATTENDING TE MI		Oct. 18/196
NAME (Type Dr. Earl L.Be	eardsley	22d ADDRESS		sbury, Maryland
230 BURIAL, CREMAT ON, 23b. DATE THEREOF BURIAL (Specify) Oct.26,19	23c NAME OF CEMETERY O		23d LOCATION (City fow Salisbury	n, or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATURE
HOLLOWAY & COMPANY	SALISBURY, MAR	YLAND DATEOCT	[19'61   C	other S. Thous



1. PLACE OF DEATH G. COUNTY

12029

2 shaud be filed with

s after death. Page

TO HOSPITA OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has be an initial by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

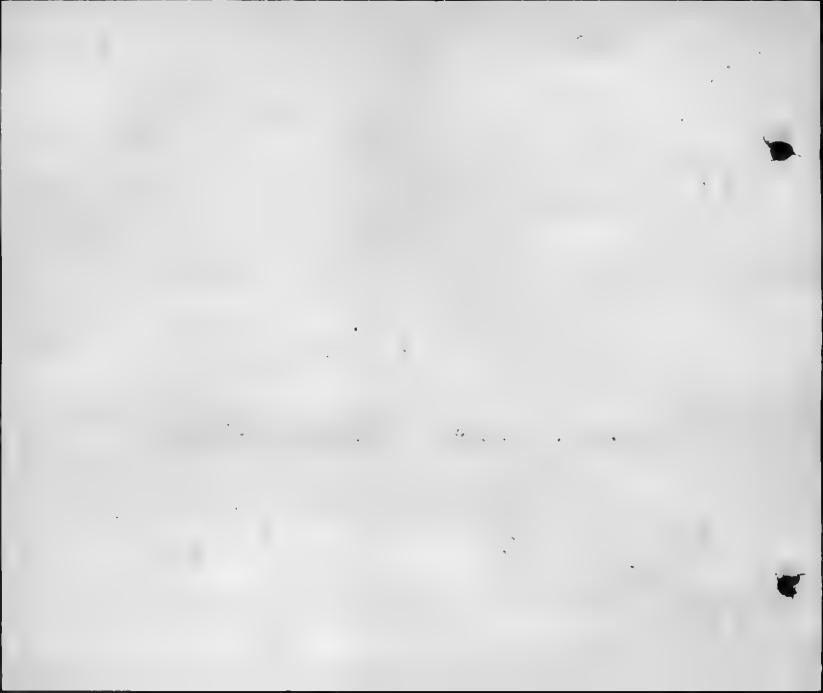
1.	PLACE OF DEATH					2. U	SUAL RESIDEN	CE (Who	ere deceose			Residence	before adm	nission)
H	0. 0.00411	Wicomico			MARYLAND	°	Mar	yla	nd	b. COI	INIY	Some	set	
	b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF	STAY IN 16	c	. CITY OR TOW	/N (ff or	itside corpo	profe limits, w	rite RUR/	AL and giv	nearest k	wn)
L	RURAL and give nearest fown) Salisbury			8 yr:	S.		RUR	AL.	Mt.	Vern	on		VX	-7
		ITAL (If not in haspital, a	ive street a	(ddress)		,	STREET ADDR	RESS					e IS I	RESIDENCE
C		Parsons H	Tome	for Ag	red								YES	
3	NAME OF	Fir			liddle	-	Lost		4. DATE		Month		Day	Year
П	(Type or print)	Linnie	,	(NON	5	T.	loyd		OF DEATH	Octo	ober	. :	26	19 67
5	SEX	6 COLOR OR RACE	-	ED NEVER N	-		TE OF BIRTH			9 AGE (In s	enes IF	UNDER 11		DER 24 HRS
	Female	White	WIDOWE	o 🛣 Divi	ORCED 🔂	Ap:	ril 8,	187	7	lest birtho	yrs. M	ionths De	ays Hou	rs Min.
10	a. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b. X			STRY	11 BIRTHPLACE	(State o	or fareign c	country)				T COUNTRY?
	at ho	ne	•	at hom	1e		Mar	yla	nd			U.	S.A.	
13	FATHER'S NAME					14.	MOTHER'S MA	IDEN N	AME					
		Jacob Jon	nes				Sus	an i	Bloo	dswor				
15.	WAS DECEASED EV	ER IN U. S ARMED FOR		OCIAL SECURIT	Y NO. 17, II	NFORA	MANT				Address	Sali	sbur	y, Md.
	no	In her, But we at access or a		none	Re	CO:	rds- J	ohn	В.	Parson	ns F	Iome	for	Aged
	18. CAUSE OF DE	ATH [Enter only one co	use per line	e far (o), (b), an	d (c).]								INTERVAL ONSET AI	BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	1 6	neus	14576	-								Tera,
	600,0	600.0 DUE TO												
	Conditions, if any, which ) 4 - Hattern 11/22/20													
	gave rise to immediate cause (a), stating the under-													
	lying couse ast	The under-		duce.	wit	درر	Z 1						21	7 30
Ż	PART II. OT	THER SIGNIFICANT CON	,	ONTRIBUTING T	O DEATH BUT	TON	RELATED TO TH	E TERMII	VAL DISEAS	SE CONDITIO	N GIVEN	I IN PART 1	(o) 19/WA	S AUTOPSY
CATION														FORMED?
THE	200 ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJL	JRY OCCURRE	D. (En	ter noture of inj	jury in P	art 1 or Po	rt II of item 1	8 }			
CERTIFI		G CAUSE OF DEATH Y MEDICAL EXAMINER)												
MEDICAL	20c TIME OF INJU	IRY Month, Day, Ye	or 20d IN	IJURY OCCURRE			F INJURY (Hom			y or town)		(Co	inty)	(State)
VED	Hour a.m.	10	While of wark	Nat white	" ا ٦	ctory,	street, office blo	ig , etc			,			
-		7			sed from	77	Per 10	10	5-2, .to.	161	26	106	that (	Viwe) los
		21 I certify that (1)' (this haspital) attended the deceased from. Dec / 6, 1950, ta / 6, 1960, that (1)' (we) last saw the deceased alive an / 0/26 1961, and that death accurred at 2,36, from the causes and on the date stated above												
220. SIGNATURE						OII IIIC C	Jule Jidi	22b DATE						
	71	243	12	ml1.		M.D	ATTENDING PHYS	ME	D. RECTOR	STAFF PHYS	1		1	SIGNED
	22c. PHYSICIAN'S						22d. ADDRESS							f-d <del>-7-1</del> -6
	NAME (Type)													
23	230 BURIA., CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, OCATION (City, lawn, ar county) (Stote)													
	REBUT FUL			Grace				em.		. Ver			Mary	
24	24 OMERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE													
1	Moment Walled Strains 8. Thouse													
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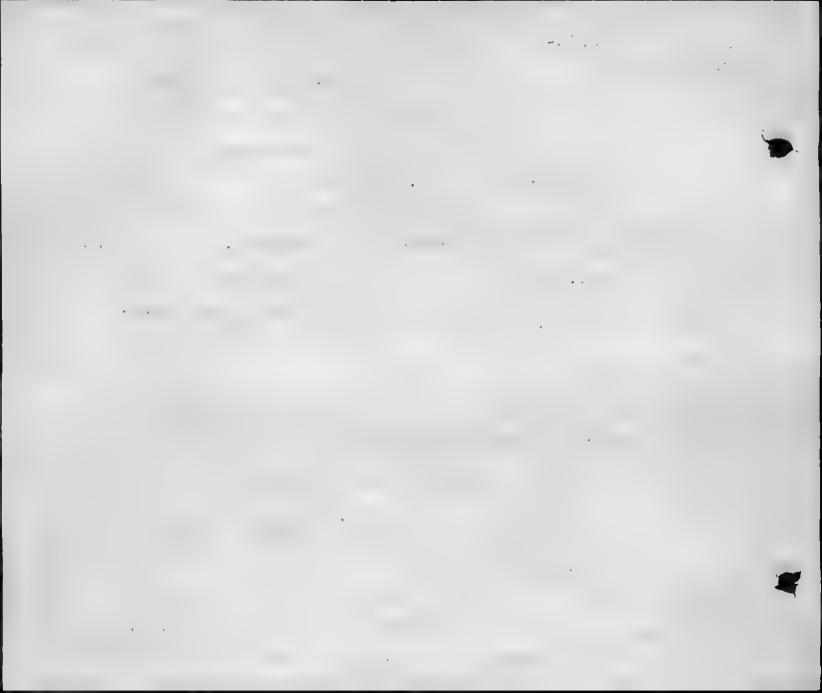
STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY a. STATE **b.** COUNTY NICOMICO the day MARYLAND death. and b. CITY OR TOWN (if outside corporete l'mits. C. LENGTH OF STAY IN 16 TOWN (If putside corporate limits, write RURAL and give neerest town) δ write RURAL and give neerest town) <u>.</u>⊆ SOURY NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 19 6 carbon COLOR OR RACE AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX DATE OF METH and ast býrihday) Months | Days Hours WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work гетоув 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITYZEN OF WHAT COUNTRY? shost of working life, even if retired) attending pl 13. FATHER'S NAME MOTHER'S MAIDEN NAME .⊆ WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY Address emoval, the CAUSE OF DEATH [Enter on y one cause INTERVAL BETWEEN ONSET AND DEATH signed by ANEURYSM - AbdOMINAL PART I, DEATH WAS CAUSED BY: SUDDEN IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC ADATIC ANGURSYM Conditions, if eny, which gave rise to immediate cause DUE TO (e), stelling the underlying has cause last. the PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? as esn Drior 20b, DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING [1 OR CONTRIBUTING CAUSE OF DEATH may be retained by the DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) defached 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (City or town) (County) (State) Month, Dey, Year fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that (1) (this hospital) attended the deceased from 10-24 - 28, 1961, that (1) (we) last 8 saw the deceased alive on 10 should ......19.61., and that death occured at A.M., from the causes and on the date stated above. State 22b. DATE 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 1 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, I NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, (State) 23a, BURIAL, CREMATION, (Spacify) 256. REGISTRAR'S DIRECTOR'S SIGNATURE VR A15 (4) Corthur S. Kraus 15M 9/60



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY MARYLAND WICOMICO c. CITY OR TOWN (If outs de corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporete lim ts. c. LENGTH OF STAY IN 16 write RURAL and give negrest town) 15 DUR d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ediress) ON A FARM? YES NO K 3. NAME OF complete, DECEASED (Type or print) Months WIDOWED F DIVORCED 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME 14. MOTHER'S MAUSEN NAME ANCERSON HOW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise lo immediele ceuse DUE TO (e), stelling the underlying cause lest. PART I, OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate PERFORMED? ulmorary Employeens 206. ACC DENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY (County) (State) Month, Dev. Year fectory, street, office bldg., etc.) While Not While Hour e.m. ef work | ef work 21. I certify that (I) (this hospital), attended the deceased from.... saw the deceased alive on . 22e SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. du PHYS. death. For 4 |
O FUNERAL 3
director, page 3
be filed with the PHISICIAN S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREO 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) J. P. P. B. B. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATU 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** 15M 9/60

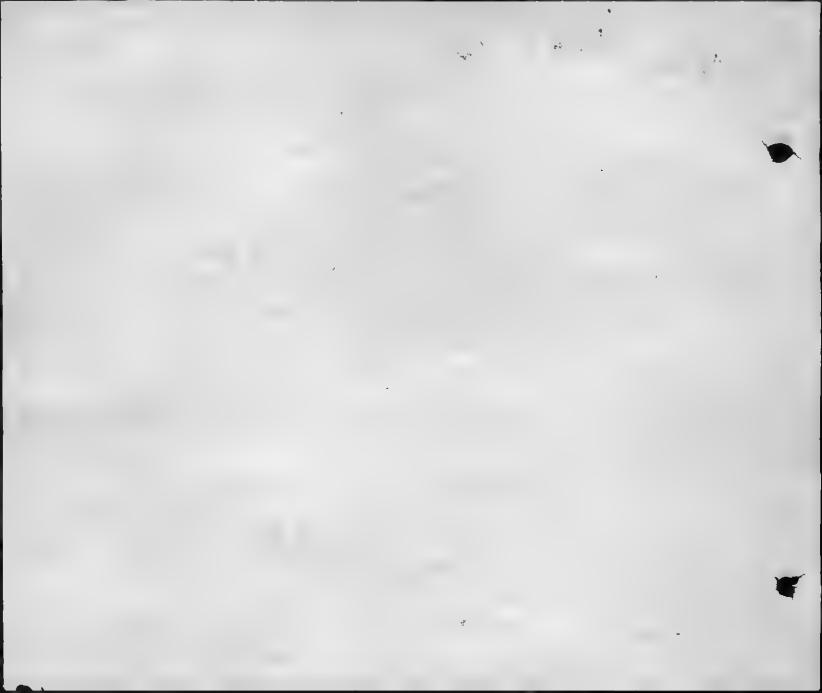


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) a. COUNTY COUNTY Wicomicd 9 N E MARYLAND Maryland Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 and write RURAL and give nearest lown? SAlis buRg Saliabury Tears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? General HOSPITAL YES NO TO Woodland Road J. NAME OF M ddle 4. DATE Month DECEASED OF (Type or print) DEATH 19 61 10 440ns 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR Sast birthday) Months Hours DIVORCEO F WIDOWED [ IDa. USUAL OCCUPATION [Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foreign country) 12. CITEZEN OF WHAT COUNTRYS done during most of working life, even if retired) physicia e remov U.S.A. Instrance Cambridge, Md. Salesman I. FATHER'S NAME 14. MOTHER'S MA DEN NAME Then please oval, and in Nera Currey Oscar P. Lyone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Mrs. Neita Lyons Salisbury.Md. the 18. CAUSE OF DEATH [Enter only one cause perfine for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D.SEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY PERFORMED 206. ACCIDENT WAS UNDERLYING \_\_\_ 206 DESCR BE HOW INJURY OF CURED. (Enter nature of injury in Part I or Part II of Item 18.)
(IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED , 2De. PLACE OF INJURY (Home, farmy, 20f. (City or town) (County) Month, Day, Year While Not While factory, street, office bldg., etc.) Hour m.m. at work at work may be retaine
DIRECTOR: ,
3 should be det 21. I certify that (I) (this hospital) attended the deceased from....... .19(1..., and that death occure M.M., from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING. STAFF S.GNEO DRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN NAME (Type) director, p 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Dorohester MemorialPark Cambridge, Md. 10-4-61 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS YR A15 (4)** DATE CT 5 Corner & Threes





STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY WICOMICO MARYLAND 100 m10 b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 15 write RURAL and give neerest lown) DALISBURY
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Pages urs afte e. IS RESIDENCE ON A FARM? DENERAL ENIN SUL YES NO 3. NAME OF 4. DATE DECEASED OF DEATH/ (Type or print) 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR re carbo lest birthdey) and Months DIVORCED WIDOWED [ 10b, KIND OF BUSINESS OR INDUSTRY 11. dona during most of working life, even if retired) NONE MARIA 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME ILAR, WILSON 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Congenital Heart Disease Conditions, if any, which geve risa to immediate ceusa DUE TO (a), steling the underlying PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDIT ON GIVEN IN PART I(0) 19. WAS AUTOPSY 1) (oragenita) (erdepra) PERFORMED? Lefects including 2) Blateral 20b. DESCRIBE HOW NIJRY OCCURED, (Enter nature of injury in Part I or Part II of Iem 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d .NJJRY OCCJRRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year (County) 20c. TIME OF INJURY fectory, street, office bldg., etc.) While \_Not While et work et work 1.7..... 196. L, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from........? 19 6 , and that death occured at M.M. from the causes and on the date stated above saw the deceased alive on . . ? ATTENDING DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. FUNERAL 22d ADDRESS 22c. PHYSICIAN'S death. P.
CO FUNE
director, p.
be filed w 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 236. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE OCT 1 9 15M 9/60 Chilling & Kines



## **FOR STATE** HEALTH DEPT. DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an it is is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the full call director. Page A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5, and 3 to the full call or your files. To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Thelift, or its designated agent, prior to burlal, cremation, or removal, and in any event within 72 hor after death.

TO DEPU

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH  o. COUNTY  WICOMICO  MARYLAND	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edm ssion) e. STATE b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate I mits, c LENGTH OF STAY IN 16 write RURAL and give neerest fown)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	Salisbury  d STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Dr. Kolls office: Modical Center  3 NAME OF First Middle	900 East Road YES NO CO
Deborah Frances Mil	DEATH 10-6-61 19  B. DATE OF BIRTH  P. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months; Deys   Hours   Min.
TO USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)  WIDOWED DIVORCED DIV	2 → 1 → 59 2 yrs.  11. BIRTHPLACE (Siete or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Maryland U.S.A.
Leon J. Mills  15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.  (Yes, no, or unknown) (lifyesgivewerordelesofservice)	Naoma Corbin
18. CAUSE OF DEATH [Enter only one cause per inerty (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Enterette Pao East Road Salis Milerval Between ONSET AND DEATH
Conditions, if eny, which gever use to immediate cause (e), stating the underlying DUE TO	Il Dyrante 12 hours
(A)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 0) 19. WAS AUTOPSY PERFORMED?  YES NO
	Enter natura of injury in Pert I or Part II of Item 18 )
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ While Not While fee of work et work	ACE OF INJURY (Homa, form, 20f. (C ty or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, his death resulted from: Natural causes. Accident . Suice	eld an AutopsyX, inspection X, inquiry X, and in my opinion ide , Undetermined manner CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE Earl L. Rover, M.D.	
EXAMINER'S	buryAddreddireal city, lown, or county)
Burial Io/ 8/196I Church 23. FUNERAL DIRECTOR ADDRESS	Polks Road Md.
Clinter of Stewart Solister	MA DATOCT 19'61 Chilling 8. Thrus



**DIVISION OF STATISTICAL RESEARCH** ESTON STREET, BALTIMORE 1, MARYLAND funeral USUAL RESIDENCE (Where deceased lived, If institution, Residence bafora admission) 1. PLACE OF DEATH a. COUNTY Comico MARYLAND b. CITY OR TOWN (if outs'de corporate .imits, c. LENGTH OF STAY IN 16 (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town] .51 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Year DECEASED (Type or print) DEATH 1961 5. SEX 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours unknown Vrs. IDa. USUAL OCCUPATION (G ve kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE County & State, or for ign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) unknown unknown 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address oval (Yes, no, or unkown) | [If yes give war or dates of service] 18. CAUSE OF DEATH [Enter only one cause per ine for (a) (5) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. cate | PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 4T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, fenter nature of 'njury in Part I or Part I. of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (1) (this hospital) attended, the deceased from...... saw the deceased alive on 69 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. FUNERAL 22c. PHYSIC 22d. ADDRESS rector, file CREMAJORY 23d. LOCATION (City, town or county) OH 24 FUNERAL DIRECTOR'S SIGNATURE 258. REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE VR A15 (4) Thun & Krass ■M 9/■





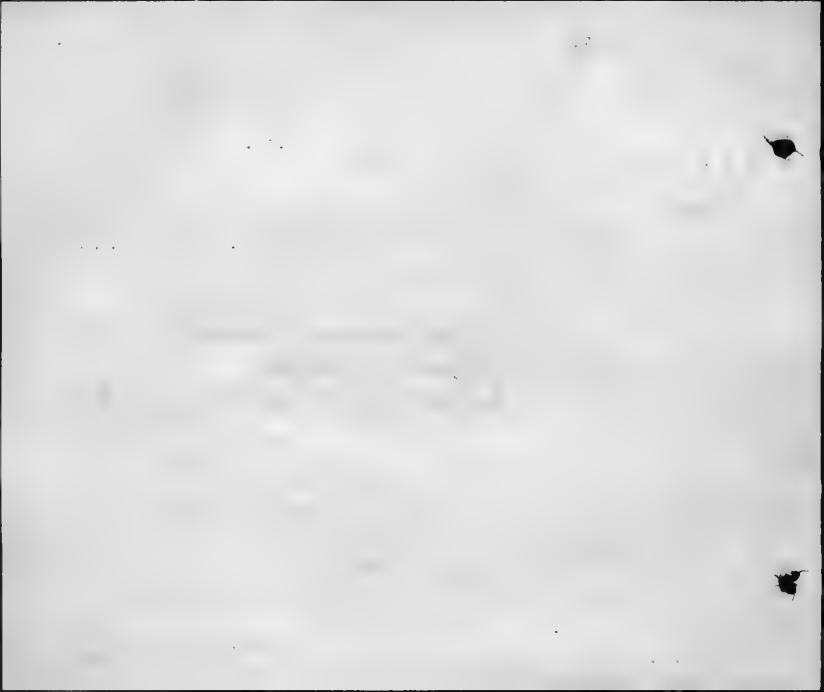
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B.	ALTIMORE 1, MARYLAND
12038	CERTIFICATE OF DEATH	12024
TE OF DESTRI	* HOURT BEGINDINGS AVIL.	ad Juved 15 Institution, Peridence before adm

		LACE OF DEATH	2	. USUAL RESIDENCE (Who	ere deceased fived, If Institution, Re	sidence before edmission)		
į.		Wicomico	MARYLAND	* STATE Maryland	b. COUNTY Que	en Anne's		
	Ь	. CITY OR YOWN (if outside corporate I mits, c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (If outside	corporete limits, write RURAL end	give neerest town)		
		Write RURAL and give neerest town) Salisbury 60	days	Centreville	3			
	d	. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street eddress)	d STREET ADDRESS	1 -	. IS RESIDENCE		
		Learishead		120 Kidwell		YES NO		
		NAME OF First DECEASED	Middle	Last 4 DA		Dey Year		
	(		Eliza		ATH October	27 19 61		
	5 5	SEX 6. COLOR OR RACE 7. MARRIED . NEV	ER MARRIED   8 D	ATE OF BIRTH	9. AGE (In years (IF JNDER 1 )			
		Female White WIDOWED	DIVORCED   JU	1477-1890	last birthday  Months D	eys Hours Min,		
	10s.	USUAL OCCUPATION (Give kind of work a 10b. KIND OF 8U during most of working life, even if retired)	ISINESS OR INDUSTRY	11. BIRTHPLACE (County & Stat	le, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?		
		Housewell		Rock Hall	Mary land	MA		
	13.	FATHER'S NAME	14	MOTHER'S MAIDEN NAME				
1		Charles D Kendall		+ lorence	A Doddy			
Ĵ	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S., no, or unknown)   (Ifyesg vewarordales of service)	ECURITY NO. 17. THE	FORMANT	Address	71 1		
	(101	217-13	-5771	to 10 Punder	Cucherello	Mary Caux		
		18. CAUSE OF DEATH [Enter only one couse per line for (e),	(b) end (c).,			INTERVAL BETWEEN		
i		PART I. DEATH WAS CAUSED BY RECUTTED	nt cerebral	thrombosis		3 days		
		LL LL X DUE TO				2 44,55		
			isive arter	iosclerotic car	riovecouler	Years		
		geve rise to Immediate cause	102 10 04 001	20002010020 001	disease	Tears		
		(a), sletting the underlying DUE TO			WED COOK			
	1  -	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING	G TO DEATH BUT NOT F	RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	fer, 19, WAS AUTOPSY		
	일	Diabetes mellitus				PERFORMED?		
ĺ			W INJURY OCCURED. (E	nter neture of injury in Pert I or	Port II of item 18.3			
	bc	OR CONTRIBUTING CAUSE OF DEATH	A MASON O GOODEST (II					
	3				(City or town) (Coun	(State)		
	MEDICAL	Hour a.m. While Not \ p.m. / 19 st work et w	While insciory,	, street, affice bldg., etc.)				
21. I certify that (I) (this hospital) attended the deceased from August 28, 1961, toOctober271961, that (I) (saw the deceased alive on, October26.19.61, and that death occurred at 2.11.00, from the causes and on the date stated								
	1 1	V. \ Machile	f MD	PHYS. DIRECTO	R PHYS.	10/27/61 SIGNED		
		22c. PHYSICIAN'S	-	22d. ADDRESS		7 -1		
		NAME (Type) L. V. Maldve, M.	D	Deer's Head	Hospital; Salisb	ury, Md.		
	236. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME Of CEMETERY OR CREMATORY 23d. ACCATION (C.ty. town or county) (State)							
	1	Surcest 60+30.61	("hestery	hield (	intreville,	Mere land		
	24, 1		DDRESS/ , T		REGISTRAR 256 REGISTRAR'S S	IGNATURE 7		
,	1//	Trans & Bouting Dutin Der	Millere	ELI MADATENOV 2	161 Linkury 2. 7	Tracks		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) a. COUNTY e. STATE 11111131(h) MARYLAND Haryland b. CITY OR TOWN (if outside corporate limits and deap c LENGTH OF STAY IN 16 write RURAL and give nearest town) Selisbus Rhodusdale 1 darr d. NAME OF HOSPITAL OR INSTITUTION (if not in hospile, give street address) d. STREET ADDRESS R.F.D. completely 4. DATE DECEASED Samoson OF (Type or print) DEATH SULMID SUY carbon COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED and lest birthdey) June 1. WIDOWED 3 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Housework Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Jones Margaret Manoky 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) No David Jones. Rhodesdale. 18. CAUSE OF DEATH [Enter only one cause of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying Cert ficate ha 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work st work p.m. 21. I certify that (I) (this hospital) attended the deceased from. 10.20 saw the deceased alive Jon. 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S

COUNTY Darchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO Month AGE (In years LIF UNDER 1 YEAR 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Dorchester Co., Maryland Address INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II) 19, WAS AUTOPSY PERFORMED? NO . (County) (State) .19.(./..., and that death occured at/.(...), M, from the causes and on the date stated above. 22b. DATE death.
TO FU
directe 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) East "ewMarket Cemetery | East "ew Mark t. Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arilar & Kraus 15M 9/60 J. J. Framptom and Son, Federalsburg, Maryland



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission a. COUNTY Marvland ICOMICO MARYLAND b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) SALISBURY Quantice d. NAME OF HOSPITAL OR ANSTITUTION (if not in hospital, give streat address) d STREET ADDRESS Box# HOSPITAL (TONPPA 3. NAME OF 4. DATE DECEASED OF MARGARET LOUISE SENKBEIL (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED [ physician 10e USUAL OCCUPATION (Give kind of work remove 106, KIND OF BUSINESS OR INDUSTRY done during most of working life, evan if ret red) House Work at Home None Bellaire, Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alouis Habenicht Margaret 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Mr. Wm. Henry Senkbeil (Hushand) Box# 26 (Yes, no, or unkown) (Ifyasg vewerordetesofsarvice) 18. CAUSE OF DEATH lenter only one couse get PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Cia Carlinal Conditions, fany, which geva rise to immediate cause DUE TO (a), stating the underlying PART I, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART HAIT 19. WAS AUTOPSY 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCR BE HOW INJURY OCCURED. (En er neture of in ury in Part or Part II of item 18.) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While at work af work 21 | certify that (1) (this hospital) atlended the deceased from ... the deceased alive on. DIRECTOR PHYS. FUNERAL NAME (TOT Maryland Ave. director, l 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Burial Q. .1961 Wicomico Memorial Park Park Salisbury Maryland
256. REC'D BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S S.GNATURE **ADDRESS** VR A15 (4) COMPANY - SALISBURY MARYLAND

15M 9/60

Wicamica c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

IF JNDER 24 HRS. HE JNDER 1 YEAR last birthdey) Months

& State, or lore an country] 12. CITIZEN OF WHAT COUNTRY? S

L.Callairi

Maryland INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO T

SIGNED

a. IS RESIDENCE ON A FARMT

(County)

197. L., that (I) (we) last 22b. ,DATE

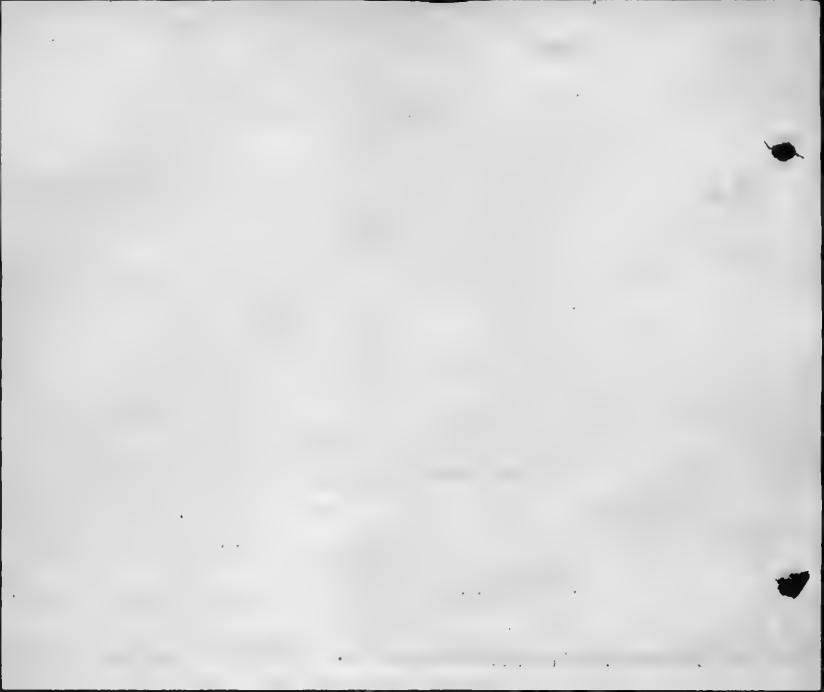
> Maryland Salisbury

, 23 d. LOCATION (City, town or county)

DATE OCT 1 9 '61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution) Residence before admission a. COUNTY b. COUNTY Wi.comi.co Maryland Dorchester ... # 2 MARYLAND by th b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give negres) town) Write RURAL and give negrest town) Church Creek 8h days ges 1 after Pages Pell d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NO NAME OF Meddle 4. DATE DECEASED OF Robert Franklin (Typa or print) Stanley DEATH October 10 19 16. COLOR OR RACE 7. MARRIED [] NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthdayl | and Months Male Colored WIDOWED I DIVORCED [ March 16, 1886 physician 1Da. USUAL OCCUPATION (Give xind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY? Гетто уе dona during most of working tife, avan if retired) Laborer Dorchester County 13. FATHER'S NAME Robert Stanley Margaret Bazzle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yas giva war or dates of service) No 1220-05-3378 Margie Mays 2115 W. Fayette Balti. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Metastatic carcinoma of lungs, bilateral IMMEDIATE CAUSE (e) Adenocarcinoma of right neck DUE TO (e), stating the underlying has PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? Arterioscl rotic cardiovascular disease NO T USB 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Itam 18.)
OR CONTRIBUTING [ CAUSE OF DEATH | [IF EITHER, NOTIFY MEDICAL EXAMINER] After 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED , 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, straet, office bldg., etc.) While Not Whila at work at work CTOR: 21. I certify that (I) (this hospital) attended the deceased from July 18 ..., 19.61 to Oct. 10 ..., 19.61, that (I) (we) last 22a SIGNATURE 22b. DATE ATTENDING 10/10 PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) V. Juerman, M.D. Deer's Head State Hospital: Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Burial कै कें पु 5/61 Bucktown Bucktown <u>Maryland</u> 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE BONERAL DIRECTORS SIGNATURE VR A15 (4) Cambridge, Md. 15M 9/60 DATE OCT 2 6 '61 Circhay & Kroug



TO HOSPIT

VR A1S [4] 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12042

12028

a. COUNTY (COMICO	MARYLAND 2. USUAL RES	IDENCE (Where deceased lived.	COUNTY			
b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF		TOWN (If autside carporate Jim				
RURAL and give nearest town 1	4RS X SI	PARPTOWN				
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d STREET	ADDRESS		e. IS RESIDENCE ON A FARM?		
MAIN ST	1/1/19	14 31		YES NO D		
3 NAME OF DECEASED (Type or print) FRMCN WILLIAM	TAYLOR LO	4. DATE OF DEATH	OCT 17	Pay Year 196/		
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER I	MARRIED B. DATE OF BIRT	H 9 AGE	L 1 A2 G 1	R IF UNDER 24 HRS		
	VORCED D DEC 3	8 1879 8	yrs. Manths Days	Haurs Min		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired)	JESS OR INDUSTRY 11. BIRTHP	LACE (Stale or foreign country)	12. CITIZEN	OF WHAT COUNTRY?		
13 SATHER'S NAME	14. MOTHER	S MAIDEN NAME	1 / -			
WILLIAM TAYLOR	Ar.	MANDA GK	AUEHOR			
15 WAS DECEASED EVER IN U. S. ARMED FÓRCES? 16 SOCIAL SECURI (Yes no or anyown). [(If yes, give wor or dates of service]	TY NO 17 INFORMANT	ALTER F. G	Poching - Ch	EITH MID		
18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), a	nd (c).]	2 1 1		TERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Conset and DEATH						
Conditions, if any, which gove rise to immediate couse (a), staling the under-lying couse last.  DUE TO  DUE TO  Conditions, if any, which (b)  DUE TO  Column Colu						
PART SI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200 ACCIDENT WAS UNDERLYING  CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER)	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO		
	URY OCCURRED. (Enter nature	af injury in Part I or Port II of i	lem 18.)			
20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURR Haur a m. While Not while of work of work	familiary stands office	(Hame, farm, 20f. (City or tow ce bidg , etc.)	rn) (Count	y) (State)		
27 1 certify that (I) (this hospital) altended the deceased from. 1966, to						
220 SIGNATURE Sills MANN	M.D. ATTENDIN	IG STA		226 DATE SIGNED		
22c. PHYSICIAN'S NAME (Type)	22d ADDI	RESS James	All			
230 B)RIAL, CREMAT ON, 236, DATE THEREOF 230, MAME O	F CEMETERY OR CREMATORY	SOARD SOLATON	Town, or county)	m (State)		
24 FUNERAL DIRECTOR'S SIGNATURE SMITH FUNERAL HOME, S	HARPTOWN, MB	25a. REC'D BY REGISTRAR DATECT 2 6 '61	256 REGISTRAR'S SIGNAT			



Wicomico

b. CITY OR TOWN (If outside corporate limits, write

during most of working life, even if retired)
nployee at Lumber

Elisha W.Tingle

IS WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)

Salisbury

d. NAME OF HOSPITAL (If not in haspital, give street address)

Anne

4. COLOR OR RACE

White

St

First

WIDOWED [

HARLEY

10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

**DUE TO** 

DUE TO

(b)

(c)

RURAL and give negrest tawn)

OR INSTITUTION

PLACE OF DEATH

a. COUNTY

NAME OF DECEASED

S. SEX

(Type or print)

Male

Employee

13. FATHER'S NAME

(Yes, no ar usknown)

1561

lying cause last

Canditions, if any, which

gave rise to immediate

cause (a), stating the under-

HOLLOWAY & COMPANY

MARYLAND

LENGTH OF STAY IN 16

Middle

LEE

DIVORCED |

7. MARRIED NEVER MARRIED

16. SOCIAL SECURITY NO

a. STATE

TINGLE

8. DATE OF BIRTH

Mr. Melvin

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19

Oct.

d STREET ADDRESS

Last

31.1886

Viela Figgs

DATE

14 MOTHER'S MAIDEN NAME

11, BIRTHPLACE (State or fareign country)

Melson, Maryland

Wicomico

Day

21st

12 CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSE AND DEATH

WAS AUTOPSY PERFORMED?

YES NO TO

22b DATE 961

(State)

(State)

IF UNDER 1 YEAR IF UNDER 24 HRS

Days

S

196/, that (1) (we) lost

n the date stated above.

Maryland

IS RESIDENCE

ON A FARM?

Year

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

b. COUNTY

Manth

Months

OCTOBER

E. Tingle (Sen) Damascus, Md. Q. Tingle (Wife) -Address Ab

AGE (In years

last birthday)

Maryland

Salisbury

4. DATE

506 Anne St

OF DEATH

after death. Page

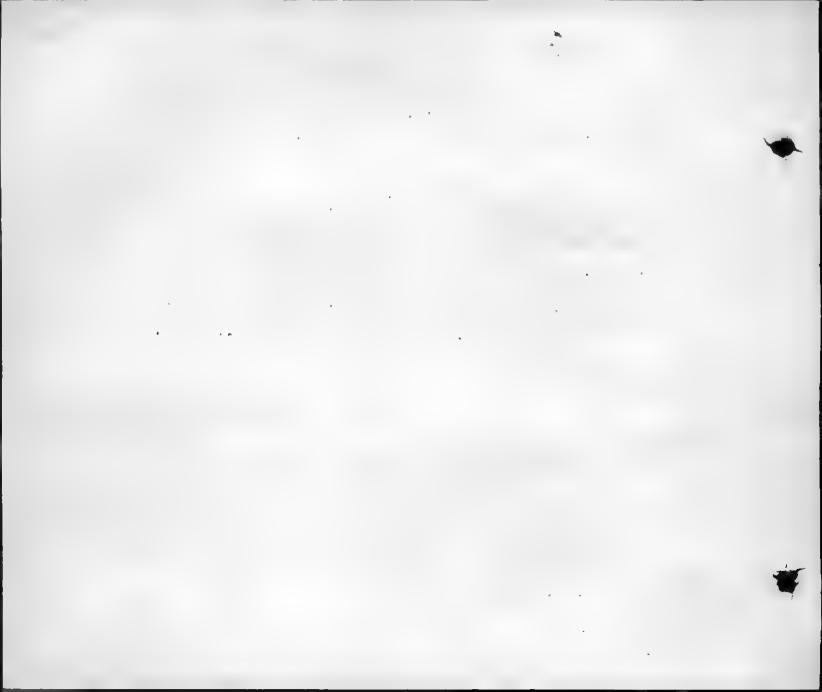
VR A1S (4)

1SM 9/59

KIIICAIK	Chrouse 67  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OF		injury in Part I ar Part II o	
MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yi Hour a.m. p. m N/A 19	1 11/12	20e PLACE OF INJURY (H factory, street, affice		awn) (County)
	21 I certify that (I) (this haspite saw the deceased olyman 22a STONATURE	al) attended the deceased of 21 19 61, and	that death occurred  ATTENDING PHYS		couses and on the date sta
30	PHYSICIAL OF L.V.SO  BURIAL CREMATION, 235 DATE THERE		22d. ADDRES Del:	mar, Maryl	
	REMOVAL (Specify) Burial Oct.24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		R.D.#	Delmar, Maryla 25b. REGISTRAR'S SIGNATURE
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SALISBURY MARYLAND





## DIVISION OF STATISTICAL RESEARCH AND RECORD STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Wicomico TIPONICO MARYLAND b. CITY OR TOWN lif outside corporate l'mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) lown) write RURAL and give nearest town? Salisbury d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (1) not in hospital, give street address) ON A FARM? 302 Blvd. (north) YES NO AT NAME OF DECEASED OF EDISON (Type or print) DEATH and c. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E UNDER 24 HRS. 8. DATE OF BRTH AGE (In yeers HF UNDER 1 YEAR lest birthdey) Monthsi DIVORCED | Dec. WIDOWED [ 10e. USUAL OCCUPATION (Give kind of work 1306, KIND OF BUSINESS OR NOUSTRY 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Asst Manager (Eastside Men's Pittsville. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levin T. Truitt Emma Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Rose Olive Truitt (Wife) 302 N. Blvd. YES W. #II Salisbury, Maryland 18. CAUSE OF DEATH linter only one cause per line for (e), (b), end (c) } INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: de IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SUMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS ALTOPSY PERFORMED? ninchi Mucumania 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While at work ... and that death occured at I.I.M. from the causes and on the date stated above saw the deceased alive on... ..... 22b. DATE 220. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (TDr. William D. Gray M.D. Camden Ave. Salisbury, Maryland 23d. LOCATION (City, lown or county) 236. BUR AL, CREMATION, 236. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY ار الله الله .14.1961 Pittsville Cemetery Pittsville. Maryland 0 ADDRESS 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) HOLLOWAY & COMPANY SALISBURY MARYLAND DAOCT 1 7 '61 withing S. Thousa 15M 9/60



STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEAR CERTIFICATE OF DEATH Item 9 Firm G299 AND ALSIDENCE (Where decessed I ved, If astitution: Residence before admiss on **b. COUNTY** ICHMICO MARYLAND OR TOWN (If outs de corporete limits, wr.le RURAL end give neerest town) ORCGST b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 in by SHOWELL NAME OF HOSPITAL OR INSTITUTION (If not in hospite, give street oddress) Pe IS RESIDENCE ON A FARM? YES 🔀 NO 105 EN. 3. NAME OF 4. DATE DECEASED OF DEATH (Type or print) 10 19 6/ UGHAN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8 DATE OF BRTH AGE (In years F F ERIYEAR IF UNDER 24 HRS. last birthday) WIDOWED [ DIVORCED physician 10e. USUAL OCCUPATION (G ve kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) EMPLOYED! 13. FATHER'S NAME LAW VER JHOWELLS 14. MOTHER'S MAIDEN NAME please .⊑ affending LIVE RUE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then (Yes, no, or unkown) | [Hyes give wak oddetes of service] SHOVVEU 18. CAUSE OF DEATH [Enter only one cause ppe Ine for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying cause fest. PART II, OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate PERFORMED? 20 0 NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED , 20e. PLACE OF INJURY [Home, farm. , 20]. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer Not While fectory, street, office bldg., etc.) While Hour e.m. et work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from ... 19.1.1. that (I) (we) last 2.5.196.1, and that death occurred at 6.M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22c. SIGNATURE STAFF SIGNED and DIRECTOR PHYS. FUNERAL. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) death. No FUNE director, I be filed v 123d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 236. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) BMATICN. H REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Thank '61 15M 9/60

ARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Wi comi co MARYLAND Somerset b. CITY OR TOWN (if outs de corporele limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) write RURAL end give neerest town] Salisbury 2Mos.5 Days Cristield d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street address d. STREET ADDRESS Deer's Head State Hospital Hoptown Road NAME OF 4. DATE DECEASED OF (Type or print) DEATH October Geneva Ward 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months WIDOWED X Female Negro The, USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE ,C 12. CITIZEN OF WHAT COUNTRY? y & Stete, or fore: . country) done during most of working life, even if retired None None Somerset, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jayson Norfleet Delia Jovner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes g vewer or dates of service) Hospital Records -- Salisbury, Maryland 18. CAUSE OF DEATH Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO lerio a chrosia Conditions, if env. which geve rise lo immediate cause DUE TO (a), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem 18.) 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED , 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) While Not While Hour e.m. el work et work D.m. 21. 1 certify that (1) (this hospital) attended the deceased from 8/17/61 19 to 10/21/61, 19 that (1) (we) last saw the deceased arise on... 226. SIGNATURE ATTENDING DIRECTOR PHYS. October 21. PHYS. 22c. PHYSIGHAN'S 22d. ADDRESS NAME (Type) Salisbury, Maryland Lee. 23e, BURIAL, CREMATION, | 23b. DATE THEREOF C. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) REMOVAL (Specify)

Asbury Cemet rv

6. IS RESIDENCE ON A FARM?

YES NO IX

19

Hours

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (Stete)

Dave

Crisfield

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Children & France

IF UNDER 24 HRS.

After this may be retain DIRECTOR: FUNERAL sector, page 3 r g g VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY Werenuce WILCOMICO MARYLAND b. CITY OR TOWN (if outs de corporete limits, e. LENGTH OF STAY IN 16 GUY OR TOWN (If outside corporete I mils, write RURAL end give neerest town) write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stray) . IS RESIDENCE ON A FARM? YES NO [ ENINSa NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH EMS AGE (In yeers HE UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months WIDOWED 12. CITIZEN OF WHAT COUNTRY? most of working I to, even if retired) 13. EATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unkown) | (Ifyes give war or detes of service) 18. CAUSE OF DEATH (Enter only one couse INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of neury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm. 20c. TIME OF INJURY 2Df. (City or town) (County) (State) Month, Dev. Yeer factory, street, office b dg., etc.) Not While Whie Hour e.m. al work et work p.m. 1962. L. that (1) (we) last , and that death occured at ...., from the causes and on the date stated above saw the deceased alive on... 220. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME [Type] 238 BURIAL) CREMATION, 1 236 LOCATION (City, town of DATE LAME OF CEMETERY OR CREMATORY RAMOVAL 24 FUNERAL DIRECTOR 25e. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Cirthur S. Kraus

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DIRECTOR: Affer 11113

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AND STATE DIPARTAINT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) director, Page or your files, oard of Health, necessary, ector, Page a COUNTY e. STATE 6. COUNTY Wicomico MARYLAND c. CITY OR TOWN (If out de corpore lands, write RURAL and give neerest lown) b CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Salisbury

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d SIREI ADDRESS ò a. IS RESIDENCE ON A FARM? retained YES NO Peninsula General Hospital DECEASED OF the (Type or print) DEATH William Graham Wer Color of RACE 7. MARRIED NEVER MARRIED Weiland Sr. B. DATE OF BIRTH AGE (In years IF UNDER ITEAR with IF UNDER 24 HRS. may 2 with age 5 may 1 and 2 with 72 hours lest birthday] Months | Devs W.DOWED [ DIVORCED Feb. M I IDa. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Раде done during most of working life, even if retired) Pages . ElectricPower New York Lineman U.S.A. pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Weiland Caroline Graham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT N. Main Street (Yes, no, or unkown) | (If yesgiva war or detes of service) 109-05-77-40 Mrs. Mary Weiland Honeoye Falls N.Y 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Sudden 1/100 DUE TO Conditions, if env. which Arteriosclerotic heart disease Years geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19, WAS AUTOPSY PERFORMED? NO Medical should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part I) of dam 18.1 PRIMARY | or CONTRIBUTING | ease execute the certificate, writing the should be forwarded to the Chief Mo PUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED ( 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.1 While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Natural causes V Accident [ death resulted from. Suicide Homicide Underermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Royer. 10-16-61 Earl NAME (Typa) Address Street, city, lown, or county 22d. LOCATION (City, town, or country) /1961 Honeoye Falls Cemetery Honeoye Falls, New York 40 9 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE AOCT 1 8 '61 5M 7/59



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whata deceased lived, If institution, Residence before admission e. COUNTY STATE b. COUNTY by the fand 2 s MARYLAND (CD) W10020100 CITY OR TOWN (if outside corporeta limits, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest lown) ely filted in E ars. Pages 1 a hours after o d. NAME OF HOSPITAL OR INSTITUTION (if npt in hospite), give street address) completely papers. NAME OF 4. DATE Month DECEASED WILFORD JAMES (Typa or print) DEATH carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR DATE OF BIRTH last birthdey) and Months Male Sept. 24, 1906 White WIDOWED DIVORCED certificate toe. USUAL OCCUPATION (Give kind of work гетоуе 10b. KIND OF BUSINESS OR INDUSTR' BIRTHPLACE (County & State, or foreign country) done during most of working life, even if relired) Farmer Farming Silcam, Maryland 13. FATHER'S NAME a 14. MOTHER'S MAIDEN NAME death ding Purnell Davis Sallie Bounds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? rs.Beatrice L. White (Wife) R.D.# 5 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give we rordates of service Salisbury, Maryland 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: physici IMMEDIATE CAUSE (e) ial-transit DUE TO ending Conditions, if any, which gave rise to immediate cause DUE TO (a), stelling the underlying cause lest. hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19, WAS AUTOPSY SE 0 use prior CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) Po the After this tached for MEDICAL Ś After 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) While Not While fectory, street, office bldg., etc.) Hour a.m. et work at work de 21. I certify that (I) (this hospital) attended the deceased from......

DIRECTOR: / 3 should be det c2 TO FUNERAL
director, Hage 3
be filed with th OH VR A15 (4) 15M 9/60

ADDRESS. HOLLOWAY & COMPANY SALISBURY MARYLAND

Oct.13.1961

Spring Hill Mem. Gardens R.D. #Salisbury . Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Center

.......19 (a) and that death occured at A.M. from the causes and on the date stated above.

DIRECTOR

Circher & Krous

SalisburymMaryland

(County)

NAME (Type)Dr. Wilbur R. Ell Medical 23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

22d, ADDRESS

PHYS.

M.D.

23d. LOCATION (City, town or county)

STAFF

PHYS.

a. 15 RESIDENCE ONA FARM? YES NO

Year

19 61

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stete)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

SA

IF UNDER 24 HRS.

Dev

Devs

24 FUNERAL DIRECTOR'S SIGNATURE

23a, BURIAL, CREMATION, 23b, DATE THEREOF

saw the deceased alive on......

22e. SIGNATURE

will

22c. PHYSICIAN'S

REMOVAL (Specify)

DATE OCT 1 3 '61

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

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,	DEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director,	page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages I and 2 should be filed with	(	I	V	1	1. [	DI NAME OF THE PARTY OF THE PAR
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may be retained by the haspital or attending physician.	NERA	3 sh	The Store board of neglin prior to purior, cremonion, or removal, and in ony event, within 72 hours aper death		Es S	-	23a	. BI
тоу	O FU	pode	ine	1	(3)			R

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

THUUL	CERTIFICAT	E OF DEATH	1 4	3115X
1. PLACE OF DEATH o. COUNTY W1COM1CO	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	d lived. If institution: Residence b. COUNTY Wical	before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) SELLSbury	NGTH OF STAY IN 16	Salisbury		ve negrest town)
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION  Spring Hill Private Sani	tarium	d. street Address  Greenmour	t Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MADELYN	Middle P.	WILSON 4. DATE OF DEATH	OCTOBER	29th <sub>19</sub> 6
5. SEX Female  6. COLOR OR RACE Widowed		DATE OF BIRTH March 3,1904		YEAR IF UNDER 24 HR Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) House Work at Home	None	Sussex County		USA
Medford Phillips		Janie Truitt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no, or unknown) (If yes, give wor or dates of service)	Mr	Eugene R.Wilsomount Ave. Sal	n(Husband)#7	8 Green- Land
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last.  (c)	weight	> QCCROSI		ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTR  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)				1(a) 19, WAS AUTOPS PERFORMED? YES NO
- I A/A	HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Par	t II of item IB.)	
	OCCURRED 20e, PLAC factors at wark 200	CE OF INJURY (Home, form, 20f. (Citory, street, affice bldg., etc.)	y or town) (Co	ounty) (Stal
	ne deceased fram	outh occurred of M. from	10-29 , 196 the couses and on the	
220. SIGNATURE BRILL	м	.D. ATTENDING MED. DIRECTOR  22d. ADDRESS	STAFF Oct.	30/1961
22c. Physician's NAME (Type Dr. Henry A/Briel	e	Medical Cente	er Salisbur	y,Maryl <b>a</b> n
REMBYAL SEIL Oct. 31,1961		emetery Sa		ryland (Store)
	ADDRESS ISBURY.MAR	YLAND DATECT 3 1 '6'		

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